



# SALMONELLOSIS

(See also TYPHOID FEVER, TYPHOID CARRIER, and PARATYPHOID FEVER)

1. **Agent:** *Salmonella*, a Gram-negative bacillus with more than 2,500 serotypes, including *S. Paratyphi B* tartrate positive
2. **Identification:**
  - a. **Symptoms:** Acute gastroenteritis with sudden onset of fever, headache, abdominal pain, diarrhea, nausea, and sometimes vomiting. Dehydration is very common in children and the elderly. Occasionally, may begin with acute gastroenteritis and develop into septicemia or focal infection, where the organism may localize in any tissue of the body, which may cause abscesses, arthritis, cholecystitis meningitis, endocarditis, pericarditis, pneumonia, or pyelonephritis. Asymptomatic infections may occur.
  - b. **Differential Diagnosis:** Other enteric pathogens or toxins, typhoid. Recurrent salmonellosis is an AIDS-defining condition.
  - c. **Diagnosis:** Isolation of the organism from stool, blood, urine or any other body fluids or tissues, this is known as a “culture confirmed” case Identification of the organism through PCR (Polymerase chain reaction) testing, also known as CIDT (Culture-independent diagnostic test) is also an acceptable form of diagnosis. CIDTs do not need to be “culture confirmed”.
3. **Incubation:** 6-72 hours, usually about 12-36 hours for gastroenteritis. Longer and variable for other manifestations of salmonellosis.
4. **Reservoir:** Humans and animals, both domestic and wild.
5. **Source:** Feces of infected persons and animals; raw or undercooked eggs and unpasteurized egg products; undercooked meat and poultry; unpasteurized milk or milk products; pet reptiles and chicks; unsterilized folk remedies/supplements of animal or herbal origin; water or food contaminated with fecal matter, including fresh produce.
6. **Transmission:** Fecal-oral route, from animal or human, with or without intermediary contamination of foodstuffs.
7. **Communicability:** Variable; as long as organisms are excreted. Usually ranges from 2-5 weeks, but can last for several months to years.
8. **Specific Treatment:** Acute cases of gastroenteritis should not routinely be treated with antimicrobials, as certain antibiotics may prolong shedding of the organism. Ampicillin, ciprofloxacin, chloramphenicol, trimethoprim-sulfamethoxazole or third generation cephalosporins may be prescribed for treatment of bacteremia, enteric fever, or disseminated infections. Treatment of chronic carriers or of cases in a sensitive occupation or situation (SOS) who remain positive for more than 2 months may be considered. Consult with ACDC for current regimens for treating carriers.
9. **Immunity:** None. Carrier state occasionally continues for months, especially in infants or cancer patients. Chronic carrier state (> 6 months) is rare. Patients with HIV infection are at risk of recurrent septicemia.

## REPORTING PROCEDURES

1. **Reportable.** *California Code of Regulations, Section 2500.*
2. **Report Form:**

## SALMONELLOSIS CASE REPORT AND CONTACT ROSTER

All pages, including the contact roster, **MUST** be submitted. Forms that are pending SOS clearance **SHOULD NOT** be held in the district. For reporting purposes, the form should be submitted for closure as soon as possible, after completion of interview. If necessary, follow-up of SOS should be continued in the district, after submission of forms.



If a food item that was commercially prepared is the LIKELY source of this infection, a **FOODBORNE INCIDENT REPORT** (FBIR) should be filed. For likelihood determination and filing procedures, see Part 1, Section 7 – Reporting of a Case or Cluster of Cases Associated with a Commercial Food: Filing of Foodborne Incident Reports.

### 3. Epidemiologic Data:

- a. Exposure to others with diarrhea in or outside of household.
- b. Attendance at gatherings where food was served; consumption of food from restaurants or other commercial establishments within the incubation period. Obtain detailed information on date, time, types of foods or beverages ingested; ascertain whether dining companions had similar symptoms.
- c. Specific food history for at-risk products (e.g., unpasteurized milk or cheese, raw or poorly cooked fish, beef, eggs or poultry products) and place of purchase. Handling of raw meats or eggs while cooking should also be assessed.
- d. If associated with child care center, institution, or babysitting group, obtain detailed information on clientele, caretakers, and sources of food served at the facility or residence, ascertain if others are ill
- e. Contact with pets, reptiles, or farm animals before onset.
- f. History of medication, medical-surgical, dental, or gastrointestinal procedures. Should include all over-the-counter, "organic", or and "holistic", folk/herbal medicines or herbs.
- g. Travel, hiking, camping, or hunting prior to onset.
- h. Visitors during incubation.
- i. Type of water supply used and possible exposure to sewage.
- j. For infants 3 months of age and under at time of onset, if source is not identified,

obtain detailed epidemiologic data and cultures on caretaker(s) including babysitter (even if asymptomatic). Carefully review food handling practices of caretaker(s) to determine whether cross-contamination of infant formula or food was involved.

- k. If an outbreak of salmonellosis is identified while investigating an individual case, discuss with supervisor and notify ACDC immediately by telephone.

### CONTROL OF CASE, CONTACTS & CARRIERS

Public Health Nursing Home Visit Protocol:  
Home visit as necessary – a face to face interview is conducted as necessary.

Refer to “Public Health Nursing Home Visit AS NECESSARY (HVAN) Algorithm” ([B-73 Part IV Public Health Nursing Home Visit Protocol](#)).

Contact within 24 hours to determine if SOS involved; otherwise, investigate within 3 days. For definition of **SOS**, see B-73, **Part I**, Section 13. Individuals attending daycare or living in a group setting, including a skilled nursing facility (SNF) or intermediate care facility, are considered to be in a sensitive situation.

Protection of the public health is a priority in the management of SOS. Reasonable efforts to contact the case must be made by the PHN. If unable to locate or the case is uncooperative, refer to PHI in a timely manner to assist in locating case and determining SOS.

Prior written approval from the Area Medical Director (AMD), after consultation with ACDC, is required before admission to a skilled nursing or intermediate care facility (B-73, **Part II**) is permitted.

### CASE:

1. **Precautions:** Enteric precautions until bacteriologically cleared as described below.



2. **Sensitive Occupation or Situation:** Remove from sensitive work until 2 consecutive negative feces specimens are obtained at least 24 hours apart, taken at least 48 hours after the completion of antibiotic treatment, if antibiotics were taken. If specimens remain positive at the end of 2 months, confer with AMD, or with ACDC, if necessary.
3. **Non-sensitive Occupation or Situation:** No restrictions unless household contact is in a SOS. If household contact is in a SOS, then release after obtaining 2 negative feces specimens as stated above.

### CONTACTS:

Household members or persons who share a common source.

1. **Sensitive Occupation or Situation:**
  - a. **Symptomatic:** Remove from work until 2 negative specimens as for case. Then, weekly specimens until case released or contact with case is broken.
  - b. **Asymptomatic:** Do not remove from work unless hand-washing practices are questionable. May be assigned to non-sensitive work duties, if available. Collect weekly specimens until case released or contact with case broken. If positive, remove from work until cleared as for case.
2. **Non-sensitive occupation or situation:** Obtain a specimen if symptomatic.
3. **Presumptive Cases:**
  - a. Definition: any person who is epidemiologically linked to a confirmed case, who has diarrhea (more than 2 loose stools in 24 hours) and fever, or diarrhea and at least 2 other symptoms.
  - b. Follow up is the same as for a confirmed case (i.e., - clearance as needed and submission of a [Salmonellosis Case Report Form and Contact Roster](#)).

### PREVENTION-EDUCATION

1. Thoroughly cook all food derived from animal sources.

2. Properly refrigerate perishable food.
3. Avoid the use of unpasteurized milk or cheese or the ingestion of raw or undercooked eggs or meat.
4. Avoid cross-contamination of other foods. All utensils, including chopping boards that have been in contact with raw meat or poultry products, should be washed before using for preparation of other food. After working with raw meat or poultry products, hands should be washed before preparing other foods.
5. Wash fresh produce before cutting or consuming.
6. Recommend removal of known or suspected animal sources (e.g., pet turtles, lizards, snakes, iguanas, and chicks).
7. Emphasize hand washing, cleaning fingernails and personal hygiene.
8. Dispose of feces, urine, and fomites properly.

### DIAGNOSTIC PROCEDURES

#### 1. Culture:

**Container:** Enteric.

**Laboratory Form:** [Test Requisition Form H-3021](#)

**Examination Requested:** Salmonella.

**Material:** Feces. Urine only if original positive culture was the urine. Follow instructions provided with container.

**Storage:** Protect from overheating. Maintain at room temperature. Specimen should be delivered to the Public Health Laboratory no later than 4 days after collection.

**Remarks:** Mark "SOS" (sensitive occupation or situation) in red on specimen, if appropriate.

#### 2. Culture for Identification (CI):

**Container:** Enteric

**Laboratory Form:**  
[Test Requisition Form H-3021](#)



**Material:** Pure culture on appropriate medium.

**Storage:** Same as above.

3. Comparative Medical and Veterinary Services may investigate and test suspected animal sources at the request of ACDC.

### PROCEDURE FOR COLLECTING SPECIMENS FOR CULTURE FROM REPTILES IN SALMONELLOSIS CASES

If the reptiles are still in the home, specimens may be collected on each animal. If not, specimens may be collected from the empty aquarium or cage. The PHN may instruct the owner to collect the specimens.

**Note:** In instances with severe disease (e.g., meningitis or other invasive infection) or if there are many reptiles, call ACDC for help with specimen collection.

1. Collect solid stool specimens from each reptile. As most reptiles are small, several stools from one reptile may be placed in one enteric container. The owner may collect stools over two or three days.
2. If no stools are available, a swab of the animal may be taken. This is best performed with another person holding the reptile. Using a moistened swab, wipe the underside of the animal near the cloaca.
3. Swabs of the reptile environment should be taken. Wet surfaces are best to culture. Thoroughly wet the swab by rolling it along the surface you are culturing. Use two or three sterile swabs and break them off into an enteric container; or use a culturette kit (normally used for throat swabs). If the surface is dry, first wet the swab with the transport media or sterile water. Swab areas with stool or residue on them, the bottom and sides of the container, and any objects that the animals use, such as a log, rocks used for sunning, food or water dishes.
4. Water may be collected from tanks or water dishes with a syringe. Scoop up water and bottom residue. Place 5 ml (one teaspoon) of liquid in a routine enteric container; fill to the line.

5. Carefully label all specimens with the last name of the human case and the name and type of animal or specimen taken (e.g., last name, iguana log; last name, turtle terrarium wall; last name snake stool, etc.). Specimens should be received in the Public Health Laboratory no later than 4 days after collection.
6. Notify the Public Health Laboratory, General Bacteriology, that you are sending in animal specimens, especially if there will be more than five.