PARATYPHOID FEVER
(See also TYPHOID FEVER)

1. Agent:
   a. S. Paratyphi A.
   b. S. Paratyphi B tartrate negative.
   c. S. Paratyphi C.

   [Please note: S. Paratyphi B tartrate positive (formerly S. Java) is NOT followed as paratyphoid fever]

2. Identification: Same as for typhoid fever but disease is usually milder.

3. Incubation: 1-3 weeks for enteric fever; 1-10 days for gastroenteritis.

4. Reservoir: Human, rarely animals.

5. Source: Feces or urine of infected persons.


7. Communicability: As long as organisms are excreted, which is from appearance of prodromal symptoms, throughout illness, and for periods up to several weeks or months but commonly 1-2 weeks after recovery. May become chronic carriers.

8. Specific Treatment: For enteric fever or septicemia only; a fluoroquinolone (ciprofloxacin, levofloxacin), azithromycin, chloramphenicol, ampicillin, trimethoprim-sulfa.


REPORTING PROCEDURES


2. Report Form:
   Typhoid and Paratyphoid Fever Case Report (CDPH 8567)
CONTROL OF CASE, CONTACTS & CARRIERS

Public Health Nursing Protocol:
Home visit is required – a face to face interview is required
Refer to “Public Health Nursing Home Visit REQUIRED 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 12. Individuals living in a group setting, including a skilled nursing or intermediate care facility, are 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.

Note: Case cannot be released from supervision until cleared according to B-73. For paratyphoid fever, clearance of cases and contacts is the same as for typhoid fever cases.

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, Section 2A).

CASE:

Same as for typhoid fever.

1. Precautions: Blood or body fluid and enteric precautions until clinical recovery.

2. Sensitive Occupation or Situation: Remove from work until 3 consecutive feces and urine cultures taken at least 24 hours apart, beginning at least 1 week after discontinuation of specific therapy and not earlier than 1 month from onset, are negative for S. Paratyphi at Public Health Laboratories.

3. Non-Sensitive Occupation or Situation:
   1. Do not remove from work. Collect 3 consecutive feces and urine cultures at least 24 hours apart, beginning at least 1 week after discontinuation of specific therapy and not earlier than 1 month from onset, are negative for S. Paratyphi at Public Health Laboratories.

CONTACTS:

Household members or persons who share a common source.

1. Sensitive Occupation or Situation: Same as for typhoid fever.
   a. Symptomatic: Remove from work until 2 consecutive feces and urine cultures are taken at least 24 hours apart, are negative for S. Paratyphi at Public Health Laboratories. If positive, follow as a case. If negative, release contact back to work and continue collecting weekly specimens until case released or contact with case broken. If contact to carrier, consult ACDC.
   b. Asymptomatic: Remove from work until 2 feces cultures, taken at least 24 hours apart, are negative. Then, weekly specimens until case release or contact with case broken. If contact to carrier, consult ACDC.

2. Non-Sensitive Occupation or Situation: May continue to work. Obtain 2 feces cultures at least 24 hours apart for additional case finding or identification of unidentified carriers.
CARRIERS:
Do Not Report to State. Otherwise, identification and management is the same.

PREVENTION-EDUCATION
(Same as Salmonella with emphasis on preventing exposure to human fecal material).
1. Emphasize hand washing, cleaning fingernails and personal hygiene.
2. Dispose of feces, urine, and fomites properly.
3. Avoid the use of unpasteurized milk 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, the 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 and iguanas).
7. Thoroughly cook all food derived from animal sources.
8. Properly refrigerate perishable food.

DIAGNOSTIC PROCEDURES
1. Culture: (Same as Salmonella.)
   Container: Enteric.
   Laboratory Form: Test Requisition and Report Form H-3021 (01-14)
   Examination Requested: Salmonella.
   Material: Feces and urine. 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) (Same as salmonellosis.)
   Container: Enteric
   Material: Pure culture on appropriate medium.
   Storage: Same as above.