

Salmonella Enteritis

Salmonellosis is one of the most common diarrheal diseases in children and adults. There are more than 2000 salmonella serotypes. In our conditions, the diseases most often caused by *Salmonella enteritidis* and *S. typhimurium*. The source of the infection are animals, birds and their products - meat and eggs. So these are anthroozoonoses. Symptoms of GIT involvement predominate

Few Salmonella is only adapted to humans - among them *S. typhi*, *S. paratyphi A* and *S. paratyphi C*. Their typical symptom is fever.^[1]

Etiology and Epidemiology

The source of the infection is an infected animal, rarely a human. The vehicle of the infection is **contaminated food** - insufficiently processed meat and egg products (mayonnaise, egg creams, ice cream, meatloaf, stuffing, etc., especially of unknown or unreliable origin). **The infectious dose is high** (it is necessary to infection with 10⁶ -10⁹ viable microbes). Newborns, infants and people with reduced stomach acidity are more susceptible, in whom significantly lower microbes are sufficient for infection. Direct human-to-human transmission is unlikely and occurs only in the case of very serious personal hygiene defects or in people with a low state of immunity.

Salmonellosis is currently one of the most common foodborne infections together with campylobacter enteritis. The incidence of salmonellosis in the Czech Republic since 2010 is around 100 cases / 100,000 inhabitants (culminating in 1995 - about 500 cases / 100,000 inhabitants ^[2]). The current situation is probably also the result of appropriate zoohygienic measures, including vaccination of poultry ^[3].

The infection has a typical seasonal course with a maximum in the summer months. The most affected age group are children under the age of 5.

The incubation period is 8–48 hours (usually **10–12 hours**).^[1]

The clinical picture

- Reluctance, vomiting, fever, watery to green stools, cramping and abdominal pain, with prolonged dehydration, there is a risk of extrarenal uremia to death, in immunocompromised people, a typhoid course may occur - fever predominates, organ involvement such as - osteomyelitis, endocarditis or abscesses may rarely occur
- Salmonella excretion can persist for weeks to months.^[1]

Therapy

- Rehydration, adjustment of mineral metabolism, antibiotics are not suitable - they usually prolong the time of salmonella excretion, disinfectant (*Endiaron*®) or adsorption containing kaolin (*Smecta*®) can be administered, agents that slow down peristalsis are **contraindicated**, with persistent positivity in convalescence, event. fluoroquinolones can be given to carriers working in the food industry - **they are contraindicated in children** ⚠, hospitalization and intensive ATB treatment (chloramphenicol, 3rd generation cephalosporins, possibly fluoroquinolones) are required for typhoid or organ manifestations.^[1]

References

Related Articles

- Hygienic supervision of food safety

Reference

1. HRODEK, Otto and Jan VAVŘINEC, et al. *Pediatrics*. 1st edition. Prague: Galén, 2002. pp. 607-608. ISBN 80-7262-178-5.
2. ↑ *Infectious Diseases 2011* [online]. UZIS ČR, 2012. Also available from < <http://www.uzis.cz/system/files/infnem2011.pdf> >. ISBN 978-80-7280-981-3
3. ↑ ŠATRÁN, Petr and Josef APRIL. *Animal diseases communicable to humans and food safety* [online]. 1st edition. UZPI, 2006. Also available from < <http://www.bezpecnostpotravin.cz/UserFiles/File/Nakazy%20zvirat%20prenosne%20na%20cloveka.pdf>

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