**Dear Parent or Guardian,**I am writing to you to let you know that an individuals from the same Childcare Facility as your child has been diagnosed as having VTEC/HUS. Cases of this illness are always reported to the local Director of Public Health. This letter contains important information that may be essential in protecting the health of your child.   
  
**What is VTEC?**Verotoxigenic *Escherichia coli* (or VTEC) are bacteria (bugs) found in the gut of many healthy farm animals. VTEC bugs produce a toxin (called verotoxin) that can produce a serious form of gastroenteritis in humans. Its most serious complication is Haemolytic Uraemic Syndrome (occurs in 5-10% of VTEC cases).  
  
**What is HUS?**HUS or haemolytic uraemic syndrome is a complication of VTEC infection in which red blood cells are destroyed, leading to anaemia (insufficient red blood cells or low haemoglobin), and sudden acute kidney failure. It requires intensive medical treatment.   
  
**How do you catch VTEC?**Because VTEC can be present in the gut of many farm animals, it is also present in animal’s faeces (i.e. manure, dung, slurry). For a human to be infected with VTEC, the bug has to be swallowed first. This can happen in a number of ways:

* by eating food which has been contaminated by animal or human faeces (undercooked or ready-to-eat foods are most likely)
* by drinking inadequately-treated water which has been contaminated by animal or human faeces
* by coming in contact with farm animals or their faeces and then not washing hands before eating
* by coming in close contact with someone who is suffering from VTEC infection and then not washing hands before eating
* by touching objects inside (e.g. in the home or other setting where someone is suffering from VTEC infection) or outside (e.g. on a farm) that may have been contaminated with VTEC and then not washing hands before eating

Contamination of their hands can allow the bacteria to spread when children share toys or play together. ***Careful hand-washing is the key to preventing spread of this infection***.

**What are the symptoms of VTEC and HUS?**

**VTEC:**

The main symptom of VTEC infection is **diarrhoea**, which can be severe (bloody in about half of cases). **Bloody diarrhoea** can be so severe that it may stain clothes and bedding.  Bloody diarrhoea is a sign of more severe bowel inflammation. The toxin from the VTEC damages the lining of the bowel which leads to the bloody diarrhoea. The diarrhoea generally comes on between 4-7 days after the person has taken the VTEC into their body. Patients often have painful **tummy cramps**. . There is also **loss of appetite** and often a feeling of **flu-like symptoms**; aches and pains, tiredness and headache. While most people with VTEC develop symptoms, occasionally, there may be no symptoms – such individuals are ‘asymptomatic’.

You should contact your own doctor if you are concerned.

**HUS**

If HUS develops, it generally does so about a week after diarrhoea starts (occasionally patients with HUS have no diarrhoea). The symptoms of HUS can be very non-specific, and may include tiredness, sleepiness, extensive bruising, unusual bleeding, swollen hands/feet/face, or passing little urine.

You should contact your doctor immediately if you are worried or if any of these symptoms develop.  If your child does not pass water for more than 12 hours you should bring him/her to your local Emergency Department.

**How is VTEC diagnosed?**The VTEC bugs are detected in a stool (bowel motion) sample by the laboratory. If a GP or a Public Health Physician suspects that your child’s symptoms suggest the possibility of VTEC, or if they suspect that your child has had close contact with someone with VTEC, they may arrange for you to send off a sample of your child’s stool for examination in the laboratory. If VTEC is identified, this means the child has VTEC infection.  
  
**Is there a treatment for VTEC?**The vast majority of cases of VTEC get better with no treatment and without hospitalisation. Drinking plenty of fluids is all that is needed. Occasionally, some children continue to pass VTEC in their stools for many, many weeks. If this should happen, expert paediatric advice will be sought in the management of such children.

**If my child has VTEC or HUS will s/he be ok?**Most children with VTEC infection make a full recovery.

The majority of children with HUS also recover fully and require only a short stay in hospital. Up to one quarter, however, will go on to have some damage to their kidneys. Early treatment of HUS is therefore very important.  
  
**What do I need to do now?**

Since an individual attending your child’s childcare facility has developed VTEC, and because VTEC and HUS are such worrying conditions, it is extremely important that we try to determine if any other attendees at the facility have become infected.

**You need to:**

1. **Report relevant symptoms to the local Dept of Public Health**

* If your child has developed diarrhoea at any stage since [DD/MM/YYYY\*],
* If your child has developed any of the symptoms of HUS since [DD/MM/YY\*\*],(tiredness, sleepiness, bruising, unusual bleeding, swelling of hands/feet/face, passing less and less water - see above)
* If your child does not have diarrhoea now, but develops it in the week after you receive this letter
* It is especially important that you report if your child has suffered from bloody diarrhoea.

and

**2. Contact your own GP if you have concerns**

It is also important for you to contact your GP if your child has developed symptoms of VTEC or HUS, in order that your child can be fully assessed

**Who can I contact for more information?**Please phone the following number [*number on the letterhead}* if you have concerns or need further information.

Yours sincerely

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Dr

DPH/SPHM/SMO

Medical Council Registration No:

\* one week before the onset of diarrhoea in the index

\*\* two weeks before the onset of HUS symptoms of the index case