



Dr Wolfgang Muller (Consultant Paediatrician)

Parent Information Guide: STEC Gastroenteritis (E. coli O157 Not Detected)

What is STEC gastroenteritis?

Shiga toxin-producing *Escherichia coli* (STEC) is a type of bacteria that can cause **gastroenteritis**—a tummy bug that leads to **diarrhoea, stomach cramps, vomiting**, and sometimes **blood in the stool**. Some strains, such as E. coli O157, are well known, but other non-O157 strains can also cause illness and may not always show up in routine testing.

Even if **E. coli O157 is not detected**, your child may still have an STEC infection caused by a different strain.

What are the symptoms?

Symptoms usually start **2 to 5 days** after exposure and can include:

- Watery or bloody diarrhoea
- Stomach cramps
- Vomiting or nausea
- Fever (not always present)
- Tiredness or irritability

Symptoms typically last about **5 to 10 days**, but every child is different.

How is it diagnosed?

STEC infections are diagnosed by stool (poo) tests. If *E. coli* O157 is **not detected**, it means that this specific strain was not found—but other STEC strains may still be present and can cause similar illness.

In some cases, the lab may detect the presence of **Shiga toxin genes** or **Shiga-like toxins**, which confirms an STEC infection even if the specific strain isn't typed.



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Is it serious?

In most children, STEC infections improve on their own. However, some strains of STEC (including non-O157) can lead to complications such as:

- **Dehydration** from vomiting and diarrhoea
- **Haemolytic uraemic syndrome (HUS)** – a rare but serious condition that can affect the kidneys

Thankfully, HUS is uncommon and most children recover fully with careful monitoring and rest.

How is it treated?

There is **no specific antibiotic treatment** for STEC. In fact, antibiotics can sometimes increase the risk of complications like HUS.

Treatment focuses on supportive care:

- Encourage **small, frequent sips of fluids** to avoid dehydration
- Continue to offer food if your child is hungry—bland food is fine
- Avoid medicines like **loperamide (Imodium)** unless advised by your doctor
- Rest is important

If your child becomes very unwell, they may need hospital care for monitoring or fluids.

When should I seek medical help?

Please seek urgent medical attention if your child:

- Has **blood in their diarrhoea**
 - Is **passing less urine** or has **dry lips or sunken eyes** (signs of dehydration)
 - Becomes **drowsy or unusually sleepy**
 - Develops **persistent vomiting**
 - Seems to be getting worse after a few days instead of improving
 - See “When to see a doctor urgently?” at the end of the information.
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Is it contagious?

Yes. STEC bacteria are spread through **contaminated food, water, or contact with infected animals or people.**

To prevent spread:

- Wash hands thoroughly after using the toilet or changing nappies
- Keep your child at home until they have been **48 hours free of diarrhoea or vomiting**
- Do not share towels, food, or utensils

In some cases, the health protection team may advise further testing or exclusion from school/nursery depending on your child's age and health status.

Key points for parents

- STEC can still be present even if E. coli O157 is not detected
- Most children recover fully with rest and fluids
- Keep your child home until fully well and symptom-free for 48 hours
- Contact your GP or 111 if you're concerned at any time

If you have any questions or worries about your child's illness or recovery, please speak to your **GP, local paediatric team, or NHS 111.**

Enclosed is a link to further parent information:

Parent information on "My child is unwell – When should I see a doctor?"

<https://drwmuller.com/information-for-parents-carers/>

See: Emergencies: "When do I need to see a doctor urgently?"

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