Vibrio vulnificus FACT SHEET

FOR HEALTH CARE PROVIDERS

DIAGNOSIS

Although *V. vulnificus* infection is diagnosed by routine stool, wound or blood culture, laboratories should be notified when this infection is suspected so that a special growth medium can be used to increase the diagnostic yield.

TREATMENT

The mainstays of medical treatment for *V. vulnificus* infections are prompt antimicrobial therapy and supportive care. The American Medical Association and the Centers for Disease Control and Prevention recommend treating the patient with tetracycline and intravenous doxycycline with ceftazidime.

LONG-TERM SEQUELAE

V. vulnificus infection is usually an acute illness in healthy persons. Those who recover should not expect long-term consequences. Infection in high-risk individuals, however, has a 50 percent case fatality rate. High-risk individuals who recover from wound infection often develop necrosis that frequently requires skin grafting or limb amputation.

CASE REPORTING

Requirements for disease reporting are mandated at the state level. For current and complete information on *V. vulnificus* reporting requirements in your state, consult your state health department or their website.

REDUCING THE RISK OF INFECTION

V. vulnificus infection case reviews have indicated a median time period of 48 hours or less from hospital admission to death. This underscores the limited effectiveness of treatment and the importance of prevention.

High-risk individuals should abstain from eating untreated raw oysters or clams. Raw shellfish are safe *only* if they have been treated and labeled, "Processed to reduce *V. vulnificus* to non-detectable levels." *V. vulnificus* infection can also be avoided by eating only thoroughly cooked shellfish. High-risk persons may also prevent *V. vulnificus* infection by avoiding contact of cuts, burns or sores with marine waters.

PREVENTION RECOMMENDATIONS

- Instruct high-risk patients not to eat raw oysters or clams unless they are labeled "Processed to reduce *Vibrio vulnificus* to non-detectable levels."
- Encourage high-risk patients to eat well-cooked oysters and clams.
- Provide high-risk patients, including immunocompromised individuals, with information about the risk of eating raw oysters or clams. Free copies of the brochure "The Risk of Eating Raw Oysters: Advice for Persons with Liver Disease, Diabetes and Weakened Immune Systems" are available through the ISSC website (www.issc.org) or by calling 1-800-416-4772.

References

- American Medical Association, Centers for Disease Control & Prevention, US Food & Drug Administration (2001): *Diagnosis and Management of Foodborne Illnesses, A Primer for Physicians*
- Daniels N and Shafaie A (2000): *A Review of Pathogenic Vibrio Infections for Clinicians*, J Infectious Medicine 17(10):665-685.
- U.S. Food and Drug Administration, Center for Food Safety and Applied Nutrition (2000): *Foodborne Pathogenic Microorganisms and Natural Toxins Handbook, Bad Bug Book*

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