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Spoiled food and poor personal hygiene – these factors determine the majority of gastrointestinal infections. In the described case (see pdf file) wecan suppose intestinal infection. There is a difference between the microbial food poisoning and classic infection. Protamine poisoning depends on the presence of huge amount of bacteria in spoiled food whereas usual intestinal infection could be spread also through drinking water, dirty hands or table dishes.
Actually infection can be disseminated if three conditions are available: source of infection (sick person or spoiled food, or polluted environment), way of transmission (e. g. water or food) and susceptible person. If any of these factors are changed or eradicated the infection will not spread widely and the epidemic will be stopped. For example we can increase immunity by the vaccination or break the way of transmission by the provision of safe food or potable water.
Definite doagnosis could be provided only after laboratory tests but we can suppose several gastrointestinal diseases. There are bacterial dysentery (shigellosis), protozoal dysentery (amebiasis), salmonellosis, enteroviral infection and staphylococcal intoxication. Correspondingly possible microbial pathogens could be named as shigellae (various species and strains), amoeba hystolitica, salmonella spp., eneroviridae spp. and staphylococcus auresus. Nevertheless the incubation period for staphylococcal intoxication usually is less than 12 hours. In the described case the data about the time frame of clinical signs are omitted thus we could take this type of microbial poisoning in the account.
To avoid such cases there is necessary to improve hygienic skills of family members especially in the part of cooking and food preserving, educate them about the threats of microbial food-borne diseases. Proper thermal processing of food products, avoiding food with expired date or signs of spoiling could be important also. Hand washing is a key element of infection control and there is important to provide adequate treatment for family members having chronic intestinal infections.
The implementation of these measures can make a difference and significantly decrease risk of infections.
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