Laboratory Testing for Infectious Causes of Diarrhea

Community-acquired diarrhea, <7 days duration WITHOUT warning signs or risk factors for severe disease  

- Testing not generally indicated

If diarrhea persists:

- GIP / Gastrointestinal Pathogen Panel, PCR, Feces
- Consider OPE / Ova and Parasite, Travel History or Immunocompromised, Feces if traveler with >2 weeks of symptoms

If diarrhea persists:

- No additional testing required unless clinical picture indicates
- Consider:
  - STL / Enteric Pathogens Culture, Feces
  - GIAR / Giardia Antigen, Feces
  - LCMSP / Microsporidia species, Molecular Detection, PCR, Varies (immunocompromised patients)
  - OPE / Ova and Parasite, Travel History or Immunocompromised, Feces

Health care-associated diarrhea (onset after the 3rd inpatient day) or patients with recent antibiotic use

- CDPCR / Clostridioides difficile Toxin, PCR, Feces

If diarrhea persists:

- Use clinical judgment to guide the need for additional testing.

1. This panel should NOT be used for chronic diarrhea.
2. Warning signs and risk factors for severe disease include fever, bloody diarrhea, dysentery, severe abdominal pain, dehydration, hospitalization, and immunocompromised state.
3. During the summer, consider ordering STFRP / Shiga Toxin, Molecular Detection, PCR, Feces on children with diarrhea even if they don’t have frankly bloody diarrhea, are not toxic-appearing, and diarrhea has been present <7 days.
4. GI Pathogen Panel tests for common bacterial, viral and parasitic causes of diarrhea
5. Submit 3 stool collected on separate days for maximum sensitivity

Note: In outbreak scenarios with a known organism, consider ordering a specific test for that organism (CYCL / Cyclospora Stain, Feces; CRYPS / Cryptosporidium Antigen, Feces; GIAR / Giardia Antigen, Feces; bacterial stool culture)