Laboratory Testing for Infectious Causes of Diarrhea

Community-acquired diarrhea, <7 days duration WITHOUT warning signs or risk factors for severe disease\(^2,3\)

Testing not generally indicated

If diarrhea persists:

- GIP / Gastrointestinal Pathogen Panel, PCR, Feces\(^4\)
- Consider OAP / Ova and Parasite, Concentrate and Permanent Smear, Microscopy, Feces if traveler with >2 weeks of symptoms\(^5\)

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:

**POSITIVE**

- No additional testing required unless clinical picture indicates

**NEGATIVE**

If diarrhea persists:

**POSITIVE**

- No additional testing required unless clinical picture indicates

**NEGATIVE**

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

Consider:

- STL / Enteric Pathogens Culture, Feces
- GIAR / *Giardia* Antigen, Feces
- LCMSP / *Microsporidia* species, Molecular Detection, PCR, Varies (immunocompromised patients)
- OAP / Ova and Parasite, Concentrate and Permanent Smear, Microscopy, Feces

\(^1\) 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.

\(^4\) GIP 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)