

E.coli (shigatoxigenic)

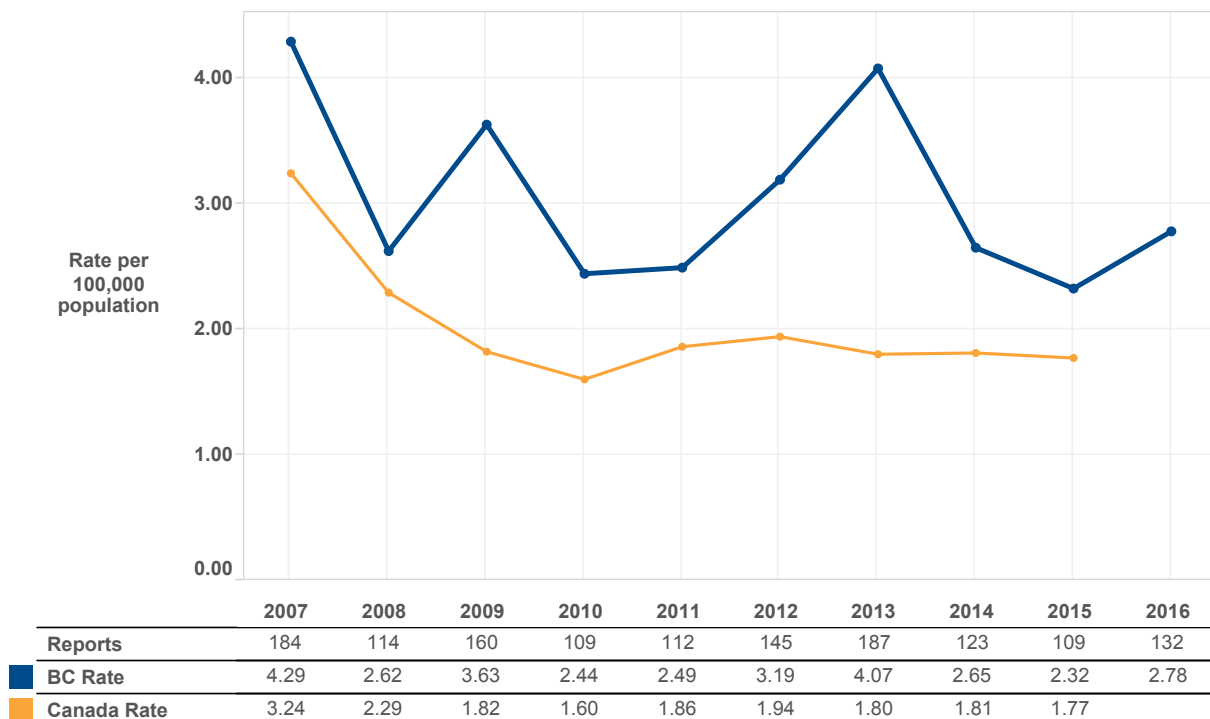
Shigatoxigenic *E. coli*, also known as verotoxigenic *E. coli* and enterohemorrhagic *E. coli*, causes the most serious type of *E. coli* infection which can lead to hemolytic uremic syndrome (or kidney failure) and death.

In 2016, 132 cases of shigatoxigenic *E. coli* infection were reported; 19.0% were associated with international travel. The incidence rate (2.8/100,000) was a slight increase compared to 2015 and similar to the rate in 2014. Incidence rates were highest among children 1-4 years of age. This is similar to other enteric diseases and is likely due to lower immunity in young children as well as behaviours that increase the risk of infection (e.g. use of diapers). Residents of East Kootenay and North Vancouver Island had the highest rates. As in previous years, cases were reported throughout the year. No *E. coli* outbreaks were reported in 2016.

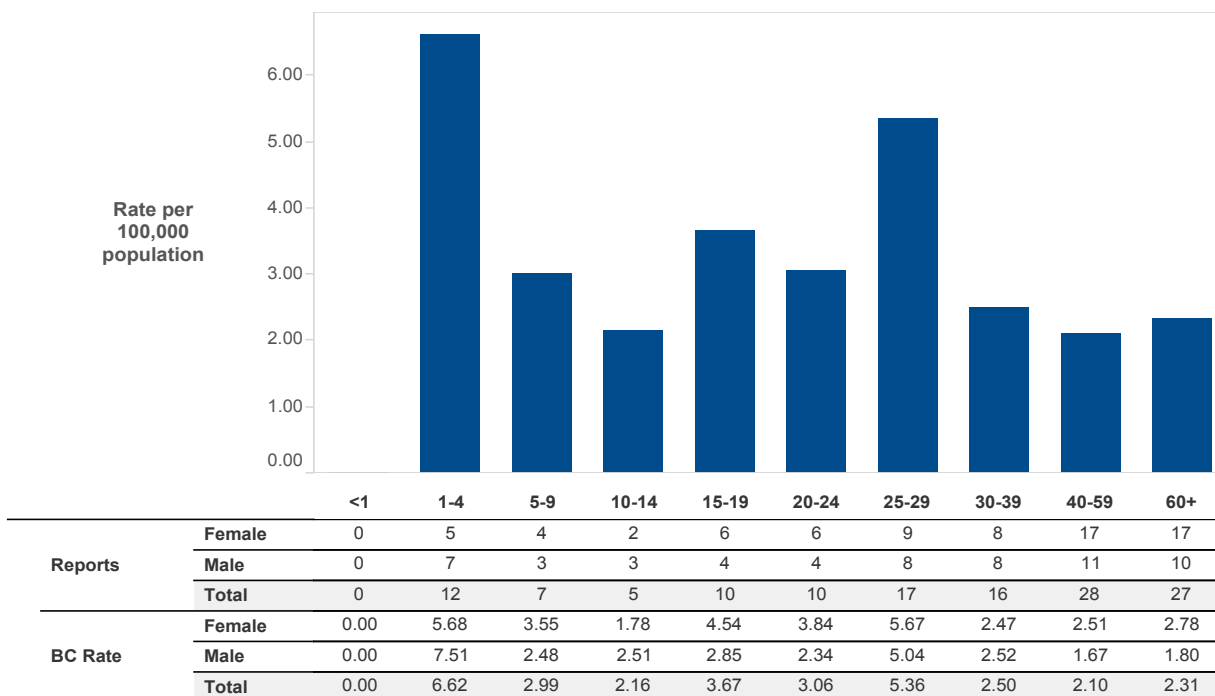
O157 continued to be the most common serogroup diagnosed in BC. The proportion of O157 cases increased slightly since 2014 and 2015. The proportion of samples diagnosed as shigatoxin-positive without isolation of a specific serogroup decreased in 2015 compared to previous years; the reasons for this are unknown.



8.1 Shigatoxigenic *E. coli* by Year, 2007-2016



8.2 Shigatoxigenic *E. coli* Rates by Age Group, 2016



8.4 Shigatoxigenic *E. coli* Serogroup Distribution, 2016

Rank	Serogroup	Number of Isolates	Proportion
1	O157	48	49.0%
2	O26	9	9.2%
3	O121	8	8.2%
4	O117	7	7.1%
5	O103	4	4.1%
5	O111	3	3.1%
	Other	9	9.2%
	Shiga toxin positive only	10	10.2%
	Total	98	100.0%

Note: Serogroup distribution is based on BCCDC Public Health Laboratory (BCCDC PHL) data. Numbers may vary from those reported in Panorama.