

Biofire FilmArray GI Panel Result Recommendations

Bacteria	
Campylobacter	Most patients recover without antimicrobial therapy. Azithromycin 500 mg BID x 3 days
Plesiomonas Shigelloides	Illness usually self-limited, lasting <2-4 days. Antibiotic treatment not usually indicated. Consider treatment in severe diarrhea, extremes of age, and immunocompromised. If antibiotics indicated: TMP-SMZ DS BID x 3 days <u>or</u> Ciprofloxacin 500 mg BID x 3 days
Salmonella	Antibiotics typically not indicated, but if severe or patient < 6 mo or >50 yo or has prostheses, valvular heart disease, severe atherosclerosis, malignancy, or uremia, TMP-SMZ DS <u>or</u> Ciprofloxacin 500 mg x 5-7 days
Vibrio	Most patients recover without antimicrobial therapy. Consider treatment if symptoms are severe or prolonged diarrhea. If antibiotics indicated: Doxycycline 300 mg x 1 dose
Vibrio cholerae	Treatment with Doxycycline 300 mg single dose <u>or</u> Azithromycin 1g x 1 dose is recommended
Yersinia enterocolitica	Antibiotics are not usually required. For severe infections, associated bacteremia or immunocompromised patients, use a combination therapy with doxycycline 100 mg IV BID + tobramycin or gentamicin (5mg/kg/day)
Diarrheagenic E.Coli/Shigella	
Enterotoxigenic E.Coli (ETEC) It/st	Antibiotics have been shown to shorten the duration of illness in ETEC and are generally indicated for moderate to severe diarrhea. Treatment with Ciprofloxacin 500 mg BID x 3 days , Azithromycin 500 mg QD x 3 days <u>or</u> Azithromycin 1000 mg QD x 1 Dose
Enteropathogenic E.Coli (EPEC)	Limited data for or against antibiotic treatment for EPEC. Many patients recover without antimicrobial therapy. For severe diarrhea, Ciprofloxacin 500 mg BID x 3 days , Azithromycin 500 mg QD x 3 days <u>or</u> Azithromycin 1000 mg QD x 1 Dose
Shiga toxin producing E.Coli (STEC) stx1/stx2	Avoid antibiotics and anti-motility drugs; Antibiotics have no effect on duration or severity of symptoms and certain antibiotics may increase the risk for hemolytic-uremic syndrome.
Shigella/Enteroinvasive E.Coli (EIEC)	Treatment with TMP-SMZ DS BID x 3 days <u>or</u> ciprofloxacin 500 mg BID x 3 days is recommended
Enteroggregative E.Coli (EAEC)	Limited data for or against antibiotic treatment for EAEC. Many patients recover without antimicrobial therapy. For severe diarrhea, consider ciprofloxacin 500 mg BID x 3 days <u>or</u> Azithromycin 1g x 1 dose
E.Coli O157	Avoid antibiotics and anti-motility drugs; Antibiotics have no effect on duration or severity of symptoms and certain antibiotics may increase the risk for hemolytic-uremic syndrome.
Viruses	
Adenovirus F40/41	Antibiotic therapy not indicated. Treat Symptomatically.
Rotavirus A	
Human Astrovirus	
Sapovirus	
Norovirus GI/GII	
Protzoa	
Cryptosporidium	Usually self-limiting with recovery within a few days to weeks. If severe or prolonged symptoms (diarrhea lasting >2 weeks) or patient immunocompromised, consider nitazoxanide 500 mg BID x 3 days
Entamoeba histolytica	Treatment with Metronidazole 750 mg PO TID x 5-10 days + paromomycin PO 500 mg TID x 7 days is recommended
Cyclospora cayetanensis	Treatment indicated if symptomatic. TMP-SMZ DS BID x 7 days recommended.
Giardia lamblia	Treatment with Metronidazole 250-750 mg TID x 7-10 days recommended

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