antibiotics and increased mortality rate has also been reported.[4] Admittedly, nonrandomized studies may be biased if patients with more severe disease are more likely to receive antibiotics, but it has been suggested that antimicrobial therapy for *E. coli* O157:H7 infection may be harmful because the antibiotics are able to lyse or damage the infective organisms, leading to release of greater amounts of toxin.[5] Consequently, antibiotic therapy for patients with intestinal infection due to *E. coli* O157:H7 is not currently recommended.[3]

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This timely public health page highlighted several interesting findings from the study of sporadic *E. coli* O157 infections in the United Kingdom.[1] Given the suspect cooking procedures of some of the burger chains described, many of us fast food fans are now peering anxiously over countertops. Perhaps the old slogan "Where's the beef?" should be revived as "Where's the beef been?"

However, one potentially important risk factor was not examined in the *Lancet* paper: consumption of dry fermented salami. This product was implicated in a 1994 outbreak in the US[2] and an outbreak this past spring in the Hamilton–Wentworth and Niagara regions of Ontario. The latter outbreak involved more than 30 people and led to a recall by the manufacturer of products distributed in Canada and the US.

Microbiological studies performed in the wake of the US outbreak found that *E. coli* O157 could survive currently accepted processing methods for dry fermented salami.[3] These outbreaks and the laboratory evidence raise the possibility that such products are an underrecognized cause of sporadic cases of infection and suggest that patients should be questioned specifically about consumption of these foods.

As for antibiotic therapy, it has not been demonstrated that "treatment with trimethoprim or trimethoprim–sulfamethoxazole is helpful," as was stated in the article. The one randomized controlled trial found no reduction in symptoms or risk of hemolytic–uremic syndrome in those treated with trimethoprim–sulfamethoxazole.[4] It is not known whether earlier initiation of therapy might be helpful.

Fosfomycin, used widely in Japan for pediatric gastrointestinal infections but not licensed in Canada, reduces the risk of hemolytic–uremic syndrome after infection with *E. coli* O157.[5] However, the study reporting these results was retrospective, and they should be interpreted with caution.

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The second-last sentence of this article states that "treatment with trimethoprim or trimethoprim–sulfamethoxazole is helpful," but there is no convincing evidence that antimicrobial treatment reduces the risk or severity of hemolytic–uremic syndrome. Antimicrobial therapy may even enhance toxin production or release in vitro.[1,2] In some observational studies and case series, patients treated with antimicrobial agents had worse outcomes than those who were not,[3–6] whereas in other series antibiotic use was associated with a lower[7,8] or unchanged[9] risk of hemolytic–uremic syndrome. On the basis of current knowledge, physicians should be advised to avoid antimicrobial treatment of known or suspected enterohemorrhagic disease due to *E. coli* O157.

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