

# IDRS Infectious Disease Reporting System

Disease Reporting 24 Hours a Day

Columbus Public Health and Franklin County Public Health

## QUICK FACTS FOR PROVIDERS: Shigellosis

### REPORTING INFORMATION

- **Class B1:** Report by the close of the next business day after the case or suspected case presents and/or a positive laboratory result to the local public health department where the patient resides. If patient residence is unknown, report to the local public health department in which the reporting health care provider or laboratory is located.

### Agent

*Shigella sonnei* (also known as group D) accounts for most shigellosis cases in Ohio. *S. flexneri* (group B), *S. dysenteriae* (group A) and *S. boydii* (group C) can also cause human illness.

### Source

Humans are the reservoir of *Shigella*. Food contaminated with human feces may be a source of infection. Contamination may occur in the field or in the kitchen.

### Occurrence

Shigellosis occurs worldwide. Communities in developed countries can experience prolonged outbreaks. There is no strong seasonal pattern. Most recognized cases occur in children < 10 years of age. However, all ages are at risk.

### Mode of Transmission

*Shigella* is usually transmitted directly person-to-person by the fecal-oral route. Food served raw or contaminated after cooking can serve as a vehicle for *Shigella*. Swimming in contaminated recreational water (e.g. lakes, beaches) is another way to acquire shigellosis. The low infectious dose facilitates transmission by these routes.

### Period of Communicability

The organism is shed in the stool throughout the acute illness and possibly for up to one month. The asymptomatic carrier state may occur.

### Incubation Period

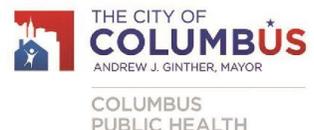
The incubation period is 12-96 hours, usually 1-3 days.



c/o Franklin County Public Health, 280 East Broad Street, Columbus, Ohio 43215-4562

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## Treatment

Antibiotic treatment can shorten the duration of diarrhea due to shigellosis, and can eradicate the organism from feces. The antibiotic sensitivity of the patient's isolate should be determined, and the patient should be treated with the appropriate antibiotic. Most strains are resistant to ampicillin. Resistance to Bactrim (trimethoprim-sulfamethoxazole or TMP-SMX) is becoming more common. Parenteral ceftriaxone, a fluoroquinolone (such as ciprofloxacin) or azithromycin may be given if susceptibility is unknown, or there is resistance to both ampicillin and TMP-SMX.

## Isolation and Follow-up Specimens

Ohio Administrative Code 3701-3-13 (X) states:

"Shigellosis: a person with shigellosis who attends a child care center or works in a sensitive occupation shall be excluded from the child care center or work in the sensitive occupation and may return if diarrhea has ceased and after two consecutive follow-up stool specimens are negative for *Shigella*."

Obtain the first stool specimen at least 48 hours after cessation of diarrhea or, if being treated, at least 48 hours after completion of antibiotic therapy. Obtain the remaining specimen(s) at least 24 hours apart.

## Prevention and Control

Education of the case and case contacts on the importance of hand washing can help limit the spread of shigellosis. Thorough hand washing should be emphasized, especially after bowel movements, after changing diapers and before eating or preparing food.



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