



MEMO

TO: To Rolette County Health Care Providers

FROM: Kirby Kruger *KK*
State Epidemiologist

RE: Shigellosis

DATE: July 19, 2006

Since July 14th, four culture-confirmed cases of shigellosis have been reported to the North Dakota Department of Health. *Shigella sonnei* has been identified as the cause of shigellosis in these cases. The four confirmed cases have all been children less than 18 years of age from Rolette County. At this time, no common source for these infections has been found. An additional two suspect cases have been reported, with culture results pending.

Shigellosis is a highly communicable infection of the large intestine that can cause watery diarrhea, sometimes streaked with blood. Fever and tenesmus may also be present. Diagnosis is made by isolation of the organism in culture from feces or rectal swab specimens.

Although shigellosis is usually self-limited, antimicrobial therapy will shorten the duration of diarrhea and the period of bacterial shedding in the stool and is recommended. Treatment should be guided by antimicrobial susceptibility testing. Many *Shigella* species are resistant to ampicillin and trimethoprim-sulfamethoxazole. Preliminary tests indicate four of the isolates are resistant to ampicillin and two are resistant to TMP-SMX. Isolates that are resistant to TMP-SMX should be treated with ceftriaxone, a fluoroquinolone, or azythromycin. The North Dakota Department of Health is currently running MIC's on all the isolates received. These results will be updated when they are finalized.

The single most important control measure is implementation of careful hand washing using soap and water. Other control measures include rapid identification of cases and initiation of appropriate antibiotic therapy, as well as implementation of infection control measures. For hospitalized patients, standard and contact precautions are indicated. Healthcare workers diagnosed with shigellosis should immediately be reported to the responsible infection control practitioner and removed from work until diarrhea has ceased and two consecutive stool cultures test negative. Food service and childcare workers diagnosed with shigellosis should not return to work until diarrhea has ceased and two consecutive stool cultures test negative. Children in childcare who are diagnosed with shigellosis should not be allowed to return to childcare until diarrhea has ceased and two consecutive stools cultures test negative.

Providers suspecting or diagnosing shigellosis should report cases to the North Dakota Department of Health by calling 701.328.2378 or toll-free 800.472.2180.