



Key Messages

- Three lab confirmed cases of *Shigella* have been recently reported in the Humboldt Bay area.
- Most shigellosis cases are self-limited and do not require antibiotic treatment.
- If treatment for shigellosis is indicated, it should be guided by culture with antibiotic susceptibility testing (AST).
- Children and persons experiencing homelessness (PEH) presenting with diarrhea should be tested for *Shigella*
- PEH diagnosed with shigellosis should not be released from medical care without shelter and access to an unshared restroom.
- Inquire about schools, daycare, and occupations in food handling, direct care for children, the elderly, health care, and other institutionalized settings.

Health Advisory- Shigella Outbreak in Humboldt County

02/25/2022

Humboldt County Public Health and Environmental Health have been working to contain a gastrointestinal (GI) illness outbreak caused by *Shigella* bacteria. As of February 2022, there have been three lab-confirmed cases infected with *Shigella*, and two more suspected but recovered cases. These cases span multiple households and involve school age children, adults, and a person experiencing homelessness.

Symptoms of shigellosis typically include fever, abdominal cramps, and diarrhea, which may be bloody. A person will shed the bacteria while having diarrhea, and up to a few weeks after symptoms resolve. However, some people may have few or even no symptoms, but can still pass on the bacteria for up to 2 weeks. Onset of symptoms usually occurs within 1-3 days after exposure to *Shigella* (but may take longer), and symptoms last an average of 7 days if untreated. Most people with shigellosis recover completely without severe complications. Rarely, *Shigella* may also cause bloodstream infections, seizures, kidney failure or arthritis.

Public Health urges Humboldt County providers, especially pediatric and emergency providers, to test for *Shigella* in individuals presenting with diarrhea. *Shigella* is highly contagious, only requiring 10-100 organisms to infect, and spreads mainly by direct or indirect fecal-oral transmission. Individuals should also be encouraged to abstain from all forms of sex and to avoid swimming and hot tubs for at least 2 weeks after symptoms resolve. While *shigella* is usually self-limiting, it also responds well to appropriate antibiotic therapy. Infected persons may return to work after diarrhea and fever resolve.

Except for:

- Food handlers and persons involved in direct care of children, the elderly, or patients in hospitals or other institutional settings shall be excluded from work until **two stool specimens, taken at least 24 hours apart, beginning at least 48 hours after discontinuation of specific antibiotic therapy**, are negative for *Shigella*.

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- Children 5 years and younger in a group setting (e.g., day care) shall be excluded until a stool specimen, collected at least 48 hours after cessation of antibiotics, is negative.

If unable to obtain antibiotics, infected persons should repeat stool culture when diarrhea resolves and until negative. Parents of children should be reminded that asymptomatic shedding can occur for 2 weeks or longer post-infection, and hand hygiene is crucial in preventing the spread of *Shigella*.

For symptomatic individuals that have come in contact with a confirmed or probable case:

- If in a sensitive occupation or a child 5 years and younger in group setting, please exclude and have a stool specimen tested.
- If NOT in a sensitive occupation, no restriction is needed. Although symptomatic individuals should still consider having a stool specimen tested.

Hand washing with soap and water is the best means of preventing transmission. Hand sanitizer used must contain 60% alcohol, but is still less effective than good hand washing

Actions Requested

1. **CONSIDER** shigellosis during the work-up of patients who present with diarrhea or bloody diarrhea, especially in children, persons experiencing homelessness, individuals recently sexually active, and people who are immunocompromised.
2. **INQUIRE** what school(s)/childcare center the patient attends when pediatric or college-aged students present with acute GI illness (vomiting, diarrhea); consider any congregate exposures for adults.
3. **HOUSING** - Persons experiencing homelessness diagnosed with shigellosis should not be released from medical care without shelter and access to an unshared restroom. Temporary housing may be arranged through Public Health at 707-268-2182. Due to limited resources, housing will only be given on a case-by-case basis. Cases will be reviewed by the Communicable Disease Program.
4. **OBTAIN** a stool culture with antimicrobial susceptibility testing (AST) and request ciprofloxacin AST that includes dilutions of 0.12 µg/mL or lower.
 - If a polymerase chain reaction (PCR) test is ordered, order the culture and AST also. PCR does not replace culture, because an isolate is needed for AST and serotyping. If a PCR test is positive for *Shigella* without a culture and AST ordered, laboratories must be contacted to obtain a bacterial culture and AST.
5. **AWAIT RESULTS**- Await AST results when possible before treating shigellosis.
 - Antimicrobial treatment may be warranted based on severe or prolonged illness, hospitalization, and underlying risk factors such as immune-compromising conditions including HIV/AIDS or treatment with immunosuppressive drugs. Clinicians should use AST results to guide therapy and consider consultation with an infectious disease specialist.
 - If the ciprofloxacin MICs are in the 0.12–1.0 µg/mL range, avoid prescribing fluoroquinolones.
 - Obtain follow-up stool cultures and AST in shigellosis patients who have continued or worsening symptoms despite antibiotic therapy.



6. **EDUCATE** patients in low-risk work and school settings to remain home from work or school until fever and diarrhea stops, to prevent additional spread of the bacteria.
 - Provide education about hand hygiene. If sick, the best way to avoid getting shigellosis and to help prevent the spread of germs is to [carefully wash your hands](#) with soap and water:
 - After using the bathroom
 - Before preparing food and eating
 - After changing a diaper
 - Remind infected individuals to avoid sex for at least two weeks after recovery from illness.
 - When having sex again, individuals should refrain from oral-anal contact or use barriers, such as condoms or dental dams. Washing genitals, anus, sex toys, and hands before and after sexual activity may reduce risk.
 - Individuals should avoid swimming for at least 2 weeks after diarrhea stops.
7. **REPORT** within one working day any *Shigella* species results whether stool or blood cultures, or PCR tests. AST results should be reported when available.

Test results and a Confidential Morbidity Report (CMR) can be faxed to Humboldt County Public Health Communicable Disease Control at **Fax** 707-445-7346 or **Call** 707-268-2182

If you or anyone in your household present with symptoms of shigellosis, please see your primary care provider for testing. If you do not have a provider or if you have questions please call Public Health as soon as possible at 707-268-2182.

Resources

CDC:

[Information for Healthcare Professionals | Shigella – Shigellosis](#)

[Shigella- Shigellosis Fact Sheet](#)

[Shigella- Shigellosis General Information](#)

[Handwashing Link- When and How Multiple languages](#)

[Handwashing Poster](#)

CDPH:

[Shigellosis \(ca.gov\)](#)

[Shigellosis Fact Sheet](#)

Thank you in advance for your assistance.

Sincerely,

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