SHIGELLOSIS Q&A

What is shigellosis?

Shigellosis is a bacterial infection affecting the intestinal tract. Most cases are seen in the summer and early fall and occur as single cases or in association with outbreaks.

Who gets shigellosis?

Anyone can get shigellosis. Those at increased risk include young children in day care centers, persons in custodial institutions, the elderly, the immunocompromised, travelers to developing countries, and men who have sex with men (MSM).

How are Shigella bacteria spread?

Shigella bacteria are found in the intestinal tract and stools of infected people. The bacteria are spread by direct contact with an infected person or by consuming contaminated food or water. The spread of *Shigella* often occurs among toddlers who are not toilettrained. Infected food handlers may contaminate food by forgetting to wash their hands with soap and water after using the toilet. Water may become contaminated if sewage runs into it, or if someone with shigellosis swims in it.

What are the symptoms of shigellosis?

People infected with *Shigella* bacteria may experience mild or severe diarrhea, fever and stomach cramps. There may be traces of blood or mucus in the stool. Most people get better within 5-7 days, but sometimes hospitalization is necessary for those with severe diarrhea. Some individuals may have no symptoms, but they may still pass the bacteria on to others.

How soon do symptoms appear?

The symptoms generally appear one to three days after exposure but can be delayed as long as a week.

When and for how long is a person able to spread the Shigella bacteria?

Most infected people pass *Shigella* in their stool for one to two weeks. Certain antibiotics may shorten the carrier state.

Should infected people be isolated or excluded from school or work?

Since *Shigella* are in the feces, only people with active diarrhea who are unable to control their bowel habits (infants, young children, certain handicapped individuals, etc.) should be isolated or placed together only with other children with active diarrhea. Most infected people may return to work or school when their stools become formed provided that they carefully wash their hands after toilet visits. Food handlers, health care workers and children in day care centers must obtain the approval of the local or state health department before returning to their jobs, schools, and day care centers.

How is shigellosis treated?

Most people with shigellosis will recover on their own but some may require fluids to prevent dehydration. Antibiotics are occasionally used to treat severe cases or to shorten the carrier state, which may be important for food handlers, children in day care centers, or institutionalized individuals. The antibiotics commonly used are ampicillin, trimethoprimsulfamethoxazole (TMP-SMX), nalidixic acid, or ciprofloxacin. Antidiarrheal agents could make the illness worse and should be avoided.

What can be done to prevent the spread of shigellosis?

- Carefully and frequently wash hands with soap and water;
- Keep young children with shigellosis who are still in diapers away from uninfected children;
- Do not prepare food or pour water for others if you are carrying the *Shigella* bacterium;
- Observe basic food safety precautions;
- Avoid consuming inadequately treated water, particularly from lakes, streams, rivers, and ponds.

• In developing countries, drink only treated or boiled water, and eat only cooked hot foods or fruits you peel yourself.

Where can I get additional information on shigellosis?

Contact the Georgia Division of Public Health Epidemiology Branch at gaepinfo@dhr.state.ga.us. The following web sites may be useful:

- CDC Shigellosis Fact Sheet <u>http://www.cdc.gov/</u> ncidod/dbmd/diseaseinfo/shigellosis_g.htm
- FDA Bad Bug Book <u>http://vm.cfsan.fda.gov/</u> ~mow/chap19.html