



AUG. 4, 2006

HEALTH ADVISORY

Shigellosis Cases Reported in North Dakota

Since July 1, 2006, 44 cases of shigellosis caused by *Shigella sonnei* have been identified in North Dakota. Of those, 10 were hospitalized. Seventy-four percent of the cases reside in Rolette County. North Dakota counties in which cases have been identified include Benson (6), Burleigh (1), McKenzie (1), Ramsey (2) and Rolette (34). Thirty-six cases (82 percent) are children younger than 18. Information obtained during the investigations indicates primarily person-to-person transmission. Investigations of reported cases are continuing.

Shigellosis is a highly communicable infection of the large intestine that can cause watery diarrhea, sometimes streaked with blood. Fever and tenesmus also may 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. Antimicrobial susceptibility testing of clinical isolates at the Division of Microbiology indicate the organism is resistant to ampicillin and trimethoprim-sulfamethoxazole (Bactrim, Septra). Parenteral ceftriaxone, a fluoroquinolone such as ciprofloxacin, or azithromycin is recommended for treatment of *Shigella* strains resistant to ampicillin and trimethoprim-sulfamethoxazole. Treatment should be guided by antimicrobial susceptibility testing.

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. Health-care workers diagnosed with shigellosis immediately should be reported to the responsible infection control practitioner and removed from work until diarrhea has ceased and two consecutive stools cultures test negative. Foodservice 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 800.472.2180.

Categories of Health Alert messages:

- Health Alert conveys the highest level of importance; warrants immediate action or attention.
- Health Advisory provides important information for a specific incident or situation; may not require immediate action.
- Health Update provides updated information regarding an incident or situation; no immediate action necessary.
- Health Information provides general information that is not necessarily considered to be of an emergent nature.

This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, North Dakota EMS Association and hospital public information officers.