

Date: August 29, 2024

Priority: High Importance

Topic: *Shigella* Cluster Identified

Audience: Humboldt County Medical community

Updates/Recommendations –

- Four cases of *Shigella* diarrheal illness have been confirmed; we are investigating a potential linkage among 3 of the 4 cases, but have been unable to identify a source at this time.
- Public health suspects there could be more cases that have not been identified.
- Providers who have patients with **acute diarrheal illness that you suspect could have *Shigella* (*Shigellosis*) should collect a stool sample and PCR test** for bacterial and viral illnesses to assess if *Shigellosis*.
- Treatment of *Shigella* in **symptomatic patients** helps to quickly reduce the duration of illness and reduces the likelihood of spread to others in the household or the community at large.
- Treatment of *Shigella* is **not associated with HUS** (hemolytic uremic syndrome); HUS is associated with treatment of E. Coli (EHEC) that produce Shiga toxin.
- Specific occupations at higher risk should exclude those with *Shigella* until stool is negative, per Public Health Code (Title 17 Section 2613). Clearance can only be processed by Public Health and should be arranged in conjunction with the Communicable Disease Program.

Background: Humboldt County Public Health has become aware of several confirmed and suspected cases of *Shigella* gastroenteritis that seem to be linked within the community over the past 3-4 weeks. Based on current and ongoing investigations we suspect the spread may be greater than our current understanding. Therefore, **we are alerting medical providers in the area to consider testing for and treating *Shigella*** to help both understand the extent of the problem and to help stop the spread of this highly contagious bacterial illness.

Infection with *Shigella* is generally self-limited; the average duration of symptoms associated with untreated *Shigella* gastroenteritis is seven days. **In the absence of specific antibiotic treatment, patients with *Shigella* gastroenteritis may shed the organism for up to six weeks after the resolution of symptoms;** risk factors for asymptomatic shedding are not known. Treatment of *Shigella* in symptomatic individuals can shorten the duration of symptoms in an individual patient as well as serve public health function to slow the spread of disease in the community.

Symptoms: *Shigella* infection typically presents within one to three days from exposure, with constitutional symptoms such as fever, anorexia, and malaise. Initially diarrhea is watery but may subsequently contain blood and mucus. Stool is frequent with abdominal cramping, bloating, gas. Those with more severe cases and risk factors may require hospitalization.



DHHS Administration
phone: (707) 441-5400
fax: (707) 441-5412

Behavioral Health
phone: (707) 268-2990
fax: (707) 476-4049

Social Services
phone: (707) 476-4700
fax: (707) 441-2096

Diagnosis: PCR diagnostic screening on stool samples can generally return quick and accurate results to identify which bacteria or virus is causing the diarrheal illness and will often reflex to culture and antibiotic sensitivities depending on the lab. Lack of access to lab orders for culture and sensitivities should not be a barrier to ordering PCR stool testing. **See attached diagnoses codes to aid in ordering stool tests.**

Treatment: While culture with antibiotic sensitivities is the best predictor for treatment success, treatment can be initiated without culture and sensitivities based on PCR results or presumptively in high-risk patients. Based on the strain we are seeing in Humboldt County and based on broader studies of *Shigella* the current best choices for treatment locally are

- Azithromycin 500mg oral daily for 3 days.
- Ciprofloxacin 500 mg oral twice daily for 3 days (consider renal dosing).
- Ciprofloxacin 750 mg oral once daily for 3 days (consider renal dosing).

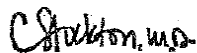
At this time, it does not appear that the strain we are seeing in Humboldt County is drug resistant however if new information develops Public Health will notify the medical community immediately.

Symptoms should typically start to resolve within 1-2 days of initiating antibiotic treatment. If symptoms are not improving or are worsening despite three days of antibiotic treatment then further evaluation is warranted, especially if treatment was done presumptively without lab confirmation. Treatment failure could mean antibiotic resistance, or another organism is present. **Empiric treatment in high-risk individuals (homeless, known contact to confirmed case, severe illness) should be considered.** Otherwise, treatment should be guided by stool diagnostics mentioned above.

Counseling: Patients diagnosed with *Shigella* infection should be advised on measures to prevent transmitting infection to others. **If antibiotics are not prescribed, the patient should be advised to employ diligent hand hygiene (washing hands with soap and water for at least 20 seconds), to avoid sex until two weeks after the resolution of diarrhea and practice safe sex for several additional weeks, to avoid public swimming facilities, and to avoid preparing food for others.** These precautions should be continued for several weeks after diarrheal symptoms have improved because of the possibility of asymptomatic bacterial shedding. If antibiotics are prescribed, the patient should be advised to follow these same precautions for 48 hours of antibiotic therapy, after which time stool cultures are typically negative.

Title 17 Section 2613 of Public Health Code specifies that food handlers and persons involved in direct care of children, the elderly, or patients in hospitals or other institutional settings shall be excluded until two stool specimens, taken at least 24 hours apart, beginning at least 48 hours after cessation of specific therapy, are negative for *Shigella*. Conversion to negative stool cultures generally occurs after 48 hours of antibiotic therapy. Please call 707-268-2182 with questions.

Best regards,



Candy Stockton, MD, FASAM



Stool testing resources:

****Please check with each lab on specifications for stool collection and timing and handling of samples.**

PCR screening test:

St Joseph Hospital Outpatient Lab: Test code - LAB24179; Stool pathogen, NAAT 6 to 11 targets (PCR)

Labcorp: Test code – [183480](https://www.labcorp.com/tests/183480); CPT - 0097U; Gastrointestinal Profile, Stool, PCR
<https://www.labcorp.com/tests/183480/gastrointestinal-profile-stool-pcr>

Quest: Test code – 37939; CPT - 0097U; Gastrointestinal Pathogen Panel, PCR, Feces
<https://testdirectory.questdiagnostics.com/test/test-detail/37939/gastrointestinal-pathogen-panel-pcr-feces?cc=MASTER>

Culture and antimicrobial sensitivity

Mad River Community Hospital: Please order “stool culture- if Shigella isolated, please do sensitivities as well.”

Labcorp: Test code – 008144; CPT: 87045; 87046; 87427; Stool culture with reflex to antibiotic sensitivities.
<https://www.labcorp.com/tests/008144/stool-culture>

Quest: Test code - 10019; CPT: 87045; Salmonella and Shigella Culture only, order 34192 for antibiotic sensitivities if shigella detected.
<https://testdirectory.questdiagnostics.com/test/test-detail/10019/salmonella-and-shigella-culture?p=r&q=stool%20culture&cc=MASTER>

Web resources:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/IDBGuidanceforManagingSelectCommunicableDiseases.aspx>

<https://www.cdc.gov/shigella/audience-medical-professionals.html>

