



<b>DATE:</b>	4/1/2015
<b>TO:</b>	Health Alert Network
<b>FROM:</b>	Karen Murphy, PhD, RN, Acting Secretary of Health
<b>SUBJECT:</b>	<b>Shigellosis Outbreak: Southwestern Pennsylvania</b>
<b>DISTRIBUTION:</b>	Southwestern Pennsylvania, Northwestern Pennsylvania
<b>LOCATION:</b>	Southwestern Pennsylvania
<b>STREET ADDRESS:</b>	N/A
<b>COUNTY:</b>	N/A
<b>MUNICIPALITY:</b>	N/A
<b>ZIP CODE:</b>	N/A

**This transmission is a “Health Advisory”:** provides important information for a specific incident or situation; may not require immediate action.

**HOSPITALS:** PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, INFECTION CONTROL, NURSING, AND LABORATORY STAFF IN YOUR HOSPITAL

**EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE

**FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE

**LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE

**PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP

The Allegheny County Health Department (ACHD) is currently investigating an outbreak of shigellosis (Shigella infection) linked to daycare facilities in Allegheny County. An unusually high number of cases have been reported to ACHD since October of 2014. Cases range in age from 6 months to 68 years with a median age of 5 years. About half of the cases are associated with day care facilities in Allegheny County. Increases in shigellosis have also been observed in surrounding counties in southwestern Pennsylvania.

Shigellosis is characterized by diarrhea (often bloody) accompanied by fever, nausea, vomiting, and abdominal cramps. Illness is generally self-limited, with symptoms lasting an average of 4 to 7 days. Individuals remain infectious until bacterial carriage and shedding subsides, which is generally occurs after 4 weeks.

To reduce further Shigella transmission and outbreak spread, ACHD requests that all healthcare providers maintain a high index of suspicion for shigellosis in persons presenting with symptoms clinically compatible with Shigella infection, e.g., diarrhea (bloody or nonbloody), fever, nausea,

vomiting, or abdominal cramps, especially if these persons are associated with a child care facility. Stool cultures should be collected for Shigella testing and inquiries should be made regarding the food handler, child care provider, or healthcare worker status of the ill individual and close contacts.

Shigella is transmitted via the fecal-oral route (direct or indirect) and is highly contagious, with an infectious dose of only 10 to 100 organisms. Due to this highly infectious nature, infected individuals working or functioning in high-risk situations where transmission is particularly likely (child care facilities, health care facilities, and food establishments) are subject to state communicable disease control regulations. These regulations, along with additional public health recommendations regarding shigellosis, are summarized as follows:

1. No child or staff member with acute onset diarrhea should attend group settings, such as child care, camp, school, etc., while they are symptomatic, regardless of the cause of the illness.
2. Healthcare professionals should obtain stool cultures from persons who attend child care or preschool programs who present with diarrhea, irrespective of whether there is a recognized cause of an outbreak of gastrointestinal illness in the facility. Other bacterial infections, such as salmonellosis and Campylobacter infection, also can occur in this age group, and these are important to identify to prevent transmission to others.
3. For symptomatic persons who test positive for Shigella, antibiotic therapy can be considered. Antibiotics should be used on a case-by-case basis, considering illness severity and the protection of vulnerable populations. Because antimicrobial resistance is common among Shigella bacteria, antibiotic selection should be made according to available susceptibility data.
4. When Shigella infection is identified in a child care setting, either in an attendee or staff member, stool specimens should be obtained from other symptomatic attendees and symptomatic staff members. Additionally, stool samples should be obtained from close contacts of the confirmed case(s). Infected children and staff must have two negative stool cultures, obtained at least 48 hours after the last dose of antibiotic and at least 24 hours apart, before returning to child care facilities.
5. School-age children who test positive may return to school without proof of negative stool cultures, once they are no longer symptomatic, if the facility provides adequate access to hand washing and the children maintain good hygiene.
6. When Shigella infection is identified in persons who are healthcare workers or employed as food handlers, stool specimens should be obtained from other symptomatic staff members at the facility. Additionally, stool samples should be obtained from close contacts of the confirmed case(s). Infected healthcare workers or food handlers must have two negative stool cultures, obtained at least 48 hours after the last dose of antibiotic and at least 24 hours apart, before returning to work.
7. Asymptomatic persons who continue to shed Shigella from stool are considered carriers, and are therefore capable of transmitting infection. These persons must be excluded from child care settings and employment in healthcare or food handling roles until they have two negative stool cultures.
8. Attention to hand hygiene is important to limit spread. Counsel all patients with diarrheal illness, particularly Shigella, to wash hands after using the bathroom, changing diapers, and before preparing food. Young children should be instructed to wash hands after using the toilet and supervised when doing so.

Any questions or concerns regarding these recommendations should be directed to the ACHD at 412-687-2243. Further information on shigellosis is available on the web sites of ACHD at [www.achd.net](http://www.achd.net), The Pennsylvania Department of Health at [www.health.pa.gov](http://www.health.pa.gov), or the Centers for Disease Control and Prevention at [www.cdc.gov](http://www.cdc.gov).

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

<p>This information is current as of April 1, 2015, but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.</p>
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