

PLEASE DISTRIBUTE TO YOUR HEALTHCARE PROVIDERS

URGENT HEALTH BULLETIN

Ongoing Shigellosis Infections

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July 20, 2022

Dear Kern County Healthcare Provider:

- **Shigellosis Cluster Background**

Kern County Public Health Services Department (KCPHSD) has been notified of a potential cluster of shigellosis cases that were linked via whole genome sequencing. Retrospective lab analysis of previously submitted specimens identified a total of 20 closely related specimens (0-2 alleles apart). A signal has been detected related to persons experiencing homelessness, including those who are unsheltered or unstably housed. So far, 9 out of 20 patients (45%) have been identified as experiencing homelessness, having direct contact with a symptomatic person experiencing homelessness, or is a direct contact of a case otherwise related to homelessness.

Shigellosis is a reportable condition that must be reported to the health department within one (1) working day of identification in accordance with Title 17, Section 2500 of the California Code of Regulations. To report a suspected or confirmed cases of shigellosis, enter the patient into the California Reportable Disease Exchange (CalREDIE) Provider Portal or fax a completed confidential morbidity report (CMR) to KCPHSD at 661-868-0261. In accordance with Title 17, Section 2505, laboratories are required to submit *shigella sp.* isolates to the Kern County Public Health Lab as soon as possible. Specimens can be sent to 1800 Mt Vernon Avenue, ATTN: LABORATORY, Bakersfield, CA 93306 on regular business days. The Kern County Public Health Lab does not accept specimens on weekends or holidays.

- **Clinical Considerations**

Healthcare providers diagnosing illnesses compatible with shigellosis should have a low threshold for *Shigella sp.* testing, especially if the person is experiencing homelessness or has regular contact with people experiencing homelessness.

Shigellosis typically present with diarrhea, including bloody diarrhea, fever, severe stomach pains. While most infections are self-limited and do not require antibiotic treatment, providers should consider prescribing antibiotic treatment to cases experiencing homelessness, regardless of disease severity, to help prevent the spread of disease. Antibiotics are effective in decreasing the duration of diarrhea and eradicating the organism from feces. Healthcare providers should counsel patients to complete their course of antibiotics and not share antibiotics with others who may be experiencing diarrheal illness as

this can lead to drug resistance. In some instances, symptoms can last for several weeks and even after diarrhea resolves, it can take some time for bowel function to return to pre-infection frequency and consistency.

In rare instances, shigellosis can lead to complications such as reactive arthritis or bloodstream infections. Reactive arthritis can cause joint pain, eye irritation, and painful urination. These symptoms can last 3-5 months after *Shigella* infection and may also lead to chronic arthritis. Persons with weakened immune systems, including those who are malnourished, are at higher risk of developing bloodstream infections after infection. Bloodstream infections put patients at high risk of mortality. Patients presenting with these rare complications should be assessed for a history of shigellosis or potential current infection.

Persons experiencing homelessness or unstable housing are at high risk of poor health outcomes. During periods of extreme heat, people experiencing homelessness may be more prone to severe dehydration. SB1152 requires hospitals to offer specific services prior to discharge from the Emergency Department or in-patient admission. Patients seen in outpatient settings should similarly be offered care coordination and social services support.

- **Prevention and Education**

Shigella is transmitted when fecal matter or materials contaminated with fecal matter are ingested. *Shigella* is very contagious and spreads easily from person-to-person. Educating patients on prevention methods are important to reducing the risk of transmission. Patients diagnosed with shigellosis should be directed wash their hand frequently. If soap and water are not available, alcohol-based hand sanitizer containing at least 60% alcohol can be use. Hand sanitizer is not recommended if hands are visible soiled, so handwashing with soap and water is preferred.

Cleaning and disinfection are also important to reduce the risk of transmission through contaminated surfaces. Cleaning, such as with soap and water, is intended to remove dirt and debris. Sanitizing or disinfecting should follow cleaning in order to kill any bacteria on the surface. There are various commercial disinfectants; however, low-cost, effective sanitizer can be made combining 1 tablespoon of bleach with 1 gallon of cool water. For areas where fecal matter is more likely to be present (e.g. restroom), or where there was significant contamination with fecal matter, a stronger bleach solution should be used to disinfect. For a stronger disinfectant, ¼ cup of bleach can be combined with 1 gallon of cool water. All bleach solutions should be prepared and handled with care as bleach solutions can cause irritation of skin, eyes, and respiratory tract. Bleach solutions can also damage certain clothing, linens, furniture, and other surfaces.

- **Special Considerations for Congregate Settings**

Congregate settings, such as homeless shelters, provide opportunities for *Shigella* to spread quickly. Emphasizing the importance of hand hygiene and ensuring that there is adequate access to hand hygiene can reduce the spread.

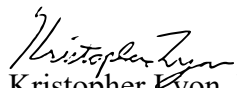
Residents with diarrheal illness should be separated from those who are not ill. Restroom facilities separate from the general population should be provided whenever possible. While multiple persons diagnosed with the same diarrheal illness (such as shigellosis) can be housed together, care should be taken when cohorting undiagnosed diarrheal illness as persons can be infected by multiple pathogens and this many increase the risk of severe illness.

Additionally, in congregate settings, staff or residents with diarrheal illness should be excluded from food and drink preparation, handling or feeding. Persons who handle food may be required to provide clearing stools that test negative for *shigella sp* before returning to food service.

Individuals with known exposure to fecal matter or a high probability of exposures should be monitored for 7 days for the onset of symptoms. Symptoms of shigellosis usually appear between 12 to 96 hours after exposure but can take up to a week to develop. If symptoms develop, considerations should be given for testing and treatment. Persons with *Shigella* infections may also be asymptomatic, so persons with close contact with fecal matter or otherwise exposed during an ongoing outbreak may be considered for testing even in the absence of symptoms.

If you have any questions, please contact KCPHSD by phone at 661-321-3000, via email at publichealth@kerncounty.com, or visit our [KCPHSD website](#).

Thank you,


Kristopher Lyon, MD
Health Officer