

## *Shigellosis*

*Last revised June 3, 2011*

### **I. IDENTIFICATION**

- A. **CLINICAL DESCRIPTION:** An acute infection of variable severity characterized by diarrhea (may be bloody or contain mucous), fever, nausea, cramps, and tenesmus (sensation of needing to pass stool, accompanied by pain, cramping, and straining).
- B. **REPORTING CRITERIA:** Laboratory confirmation.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- Isolation of *Shigella* from a clinical specimen
- D. **WISCONSIN CASE DEFINITION:**
- *Probable:* a clinically compatible case that is epidemiologically linked to a confirmed case.
  - *Confirmed:* a case that meets the laboratory criteria for diagnosis. When available, O antigen serotype characterization should be reported.

### **II. ACTIONS REQUIRED / PREVENTION MEASURES**

- A. **WISCONSIN DISEASE SURVEILLANCE CATEGORY II:**  
Report to the patient's local health department either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report ([F-44151](#)), or by other means within 72 hours upon recognition of a case or suspected case.
- B. **EPIDEMIOLOGY REPORTS REQUIRED:**
- *Electronically* – Report through WEDSS, including appropriate disease-specific tabs  
OR
  - *Paper Copy* – Acute and Communicable Diseases Case Report ([F-44151](#))
- C. **PUBLIC HEALTH INTERVENTIONS:**  
In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.
- Educate public about proper hand washing after using the toilet or handling contaminated clothing or linens, before cooking, or associating with high-risk individuals.
  - Assess patient's activities for high-risk settings.
  - Exclude infected individuals from high-risk settings until they are asymptomatic **AND** two consecutive negative stool cultures (collected at least 24-hours apart and obtained at least 48 hours after discontinuance of antimicrobial therapy) are obtained.
  - Educate and advise high-risk patients and food handlers on enteric precautions.
  - Source investigation by LHD.

## Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

- Determine if case is potentially outbreak-related and notify DPH Regional Office or CDES.

NOTE: More detailed guidelines are provided in the DPH Shigellosis Control Guidelines (November 2008) which can be obtained from the Communicable Disease Epidemiology Section at 267-7422 or 267-9009.

### III. CONTACTS FOR CONSULTATION

- A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:  
<http://www.dhs.wisconsin.gov/localhealth/index.htm>
- B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003
- C. WISCONSIN STATE LABORATORY OF HYGIENE / BACTERIOLOGY: (608) 263-3421

### IV. RELATED REFERENCES

- Heymann DL, ed. Shigellosis. In: *Control of Communicable Diseases Manual*. 19th ed. Washington, DC: American Public Health Association, 2008: 556-560.
- Pickering LK, ed. Shigella Infections. In: *Red Book: 2006 Report of the Committee on Infectious Diseases*. 27th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009: 589-591.
- “Shigellosis” DPH Disease Fact Sheet Series, (Rev. 12/03).  
<http://dhs.wisconsin.gov/communicable/factsheets/Shigellosis.htm>

### V. DISEASE TRENDS

Of the 1608 reported cases of Shigella in Wisconsin between 1999 – 2003, 1046 (67%) were from 6 counties (Brown, Dane, Kenosha, Milwaukee, Racine, Waukesha).

Shigella serogroup	No. of cases
<i>Shigella</i> sp. (not serogrouped)	251
<i>Shigella boydii</i>	10
<i>Shigella dysenteriae</i>	0
<i>Shigella flexneri</i>	65
<i>Shigella sonnei</i>	1282
Total	1608