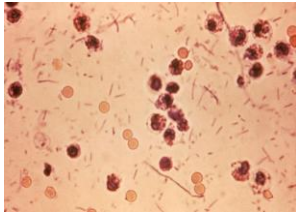




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Disease Spotlight: SHIGELLOSIS



What is shigellosis?

Shigellosis is an infectious disease caused by a group of **bacteria called *Shigella***. *Shigella sonnei*, AKA “Group D” *Shigella*, is the most common kind of *Shigella* in the US, accounting for over 2/3 of all cases. *Shigella flexneri*, or “Group B” *Shigella*, accounts for almost all of the rest in the United States.

What are the symptoms of shigellosis?

Most persons infected with *Shigella* develop **diarrhea, fever, and stomach cramps** starting a day or two after they are exposed to the bacterium. The infection normally **resolves itself in 5-7 days**. Alternatively, some infected persons may be asymptomatic, but still able to pass the *Shigella* bacteria to others.

About 3% of people with a *S. flexneri* infection develop **Reiter’s syndrome**, characterized by **joint pain, painful urination, and eye irritation**, which can last for months or years. Reiter’s syndrome is caused by a reaction to *Shigella*, and happens only in people who are genetically predisposed to it.

How does a person get shigellosis?

Shigellosis is **contagious**, and its spread is generally attributed to **poor hygiene practices**. *Shigella* infections can be acquired through close contact with someone who has shigellosis, or by **drinking or swimming in contaminated water**. Water can become contaminated by sewage, or if someone with shigellosis swims in it.

How common is shigellosis in the United States?

Approximately **18,000 cases of shigellosis are reported in the US each year**, and the actual number of cases may be up to 20x greater than that. In the developing world, shigellosis is extremely common, and is present in most communities endemically. It is most common in the **summer months**, and in areas **where hygiene is poor**.

How is shigellosis treated?

Shigellosis can usually be treated with **antibiotics**. Four antibiotics commonly prescribed to treat shigellosis are **ciprofloxacin, ampicillin, trimethoprim/sulfamethoxazole, and nalidixic acid**. However, most mild cases will disappear without treatment, and due to some antibiotic resistance of the bacteria, antibiotics are used only selectively to treat the more severe cases. Antidiarrheal agents such as loperamide or diphenoxylate with atropine are likely to make the illness worse and should be avoided.

Source:

For more information on shigellosis, visit
<http://www.cdc.gov/nczved/divisions/dfbmd/diseases/shigellosis>