

MDR SHIGELLOSIS ALERT

Please distribute this information to all medical staff

Key Points:

1. Some *Shigella* now circulating among men who have sex with men (MSM) are resistant to all recommended oral antibiotics
2. Request full sensitivities on stool specimens for MSM with diarrhoea
3. Refer MSM patients who present with severe illness to hospital for IV antibiotics

Summary

Between 1 November 2017 to 30 April 2018, 31% of shigellosis cases notified to NSW Health were multidrug resistant (MDR). All MDR cases were *Shigella sonnei* biotype G and resistant to ciprofloxacin, cotrimoxazole, ampicillin/amoxicillin AND azithromycin. This means that there is no recommended oral antibiotic available for these infections.

The vast majority of MDR *Shigella* organisms were from patients who acquired their infection through male-to-male sexual contact in NSW.

Patient investigation and treatment

Shigella suspected but not confirmed

- Investigate as usual, requesting stool culture and full sensitivities including azithromycin* from your diagnostic laboratory. PCR only is not recommended as this may delay the availability of full sensitivity results.
- If more severe symptoms, consider empiric oral ciprofloxacin as it associated with the highest susceptibility rate (44%) of current agents. Strongly emphasise infection control advice (below).

Shigella confirmed but susceptibilities not yet available

- Ensure the lab is performing culture and susceptibility testing for *Shigella*, including azithromycin*.
- If symptoms are severe, consider referral to hospital for IV ceftriaxone, especially if MSM. Otherwise consider oral ciprofloxacin as above if not yet commenced.

Shigella confirmed and susceptibilities available

- If isolate is reported as susceptible to an oral agent, commence or switch oral treatment as required.
- If isolate is resistant to all oral agents and patient is still symptomatic, consider referral for IV ceftriaxone.
- Commencing IV antibiotics in individuals whose symptoms have resolved is not recommended, but they should be given education on other measures to reduce transmission (see below).

*Note: Not all laboratories perform azithromycin susceptibility testing. If required, this can be done at the NSW Health Pathology Enteric Reference Laboratory (ICPMR, Westmead).

Advice for symptomatic patients

- **Don't have sex** (especially where there is any contact with the anus) until no longer infectious (usually **1 week** after symptoms resolve).
- **Don't** prepare food or drink or share utensils, provide personal care for others, share linen or towels while sick.
- **Don't swim** in a pool until **24 hours** after the diarrhoea has stopped.
- wash hands often and thoroughly, especially after using the bathroom and before eating.
- Patients who work in 'high-risk' jobs for spreading *Shigella* should not return to work until 48 hours after their diarrhoea has stopped. This includes people who work as food handlers (such as kitchen staff and waiters, butchers) and those who care for patients, children or the elderly.

Advice for contacts

Particular efforts should be made to trace contacts of those with MDR shigellosis to advise them of their exposure, educate about shigellosis and to seek medical advice if symptomatic.

For further information please call your local Public Health Unit on 1300 066 055.