

October 25, 2012

**Columbus and Franklin County  
Dear Provider:**

Columbus Public Health (CPH) and Franklin County Public Health (FCPH) continue to investigate a community outbreak of shigellosis. In 2011, only 14 cases of shigellosis were reported in Franklin County. As of October 20, 2012, 609 cases have been reported in Columbus and another 87 cases in suburban Franklin County.

The Public health investigation so far reveals that the majority of cases are occurring among children who are under 5 years old and are attending child care centers. Adult cases have also been reported. Further investigation is currently underway to identify those in the community most affected and at highest risk, in order to focus education and outreach activities to control the outbreak. We are asking for your assistance.

All lab-confirmed shigellosis cases should continue to be treated with antibiotics to which *Shigella sonnei* is susceptible. Treatment with an effective antibiotic will decrease the duration of symptoms, and decrease the amount of time a patient is shedding *Shigella* in the stool. This will help to contain this outbreak. Please request susceptibility testing of all isolates. These susceptibility reports not only guide treatment of individual patients, but also contribute to summary information about the circulating strains of *Shigella sonnei* in the community and directly impact public health recommendations to health care providers.

**Important Treatment Information**

Recent susceptibility results for *Shigella sonnei* from Nationwide Children's Hospital indicate intermediate resistance to Trimethoprim-Sulfamethoxazole. Most isolates are susceptible to both Ceftriaxone and Ciprofloxacin. Although many isolates are susceptible to Ampicillin, liquid Ampicillin is not available and Amoxicillin is less effective since it is rapidly absorbed from the gastrointestinal tract and does not reach the *Shigella* in the distal small intestine and large intestine. In light of these results, CPH and FCPH recommend that local Health Care Providers avoid the use of Amoxicillin, Ampicillin or Trimethoprim-Sulfamethoxazole to treat shigellosis during the current outbreak. In consultation with infectious disease experts at Nationwide Children's Hospital, antibiotics recommended for treatment of shigellosis include:

- **Azithromycin: 12mg/kg day 1 (max 500mg) followed by 6mg/kg days 2 through 5 (max dose 250 mg)**
- **Ciprofloxacin: 10 mg/kg BID x 5 days (max dose 500mg)**

Fluoroquinolones such as Ciprofloxacin are not FDA approved for treatment of shigellosis in patients under 18 years of age.

For each of these antibiotics, the length of therapy is 5 days. Anti-diarrheal medications are contraindicated. During the shigellosis outbreak, when a patient presents with a chief complaint of diarrhea, please continue to test for common enterics (e.g., *Shigella*, *Campylobacter*, *Cryptosporidium*, *E. coli* O157, *Giardia* and *Salmonella*) and share information about prevention within the household.

These guidelines should be followed until the outbreak ends and the incidence of shigellosis has returned to our community's baseline. We will notify you when the Public Health Advisory is no longer in effect.

### Patient Education – Prevention Steps

Recently, we have identified several cases among households and close contacts which support what we know about person-to-person transmission as the primary means of disease propagation. We are asking for your assistance and cooperation in order to prevent additional cases.

As Columbus and Franklin County's Health Commissioners, we are advising that you educate your patients regarding the following practices to limit the spread of this infection:

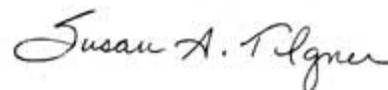
- Practicing good hygiene and sanitation can prevent infections like shigellosis. Wash hands with soap and water each time you use the bathroom.
- It is important to wash your hands after changing diapers or helping others with toileting.
- Wash hands before preparing or serving food and drinks.
- Individuals with diarrhea should not prepare food and drinks for others.
- Students and staff who have diarrhea should not attend school, camps and work until the diarrhea has ceased or they have medical clearance.
- A person with shigellosis who attends a child care center or works in a sensitive occupation shall be excluded from the child care center or work in the sensitive occupation and may return if diarrhea has ceased and after two consecutive follow-up stool specimens are negative for *Shigella* per OAC 3701-3-13. Obtain the first specimen at least 48 hours after cessation of diarrhea or, if being treated at least 48 hours after completion of antibiotic therapy. Documentation of negative laboratory results must be provided to your local health department for further documentation and clearance for returning to child care center or sensitive occupation.
- "Sensitive occupation means direct food handling, direct patient care, the handling of food or provision of direct care of children in a child care center, or any other occupation which provides significant opportunity for an infected individual to transmit infectious disease agents." Ohio Administrative Code: 3701-3-01 (X)
- Any symptomatic (with diarrhea) child or individual in sensitive occupation epidemiologically (household or classroom contact) linked to another laboratory confirmed case of shigellosis should be screened with two stool specimens for shigellosis at least 24 hours apart. The purpose of this screening is to verify that they are not shedding *Shigella* as they are a close contact of a shigellosis case, and in a high-risk setting.

If you have questions, please call our Infectious Disease Reporting System at (614) 525-8888. Information is also available at [www.idrsinfo.org](http://www.idrsinfo.org).

Thank you for continuing to work with us to keep the public safe and healthy.



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