



To: CAHAN San Diego Participants

Date: October 11, 2021

From: EISB, Public Health Services

Health Advisory: *Shigella sonnei* among persons experiencing homeless in San Diego County

Key Messages

- Six cases of *Shigella sonnei* have been recently reported among persons experiencing homelessness (PEH). PEH are at increased risk for shigellosis and other enteric diseases
- Most shigellosis cases are self-limited and do not require antibiotic treatment.
- If treatment for shigellosis is indicated, it should be guided by culture with antibiotic susceptibility testing (AST).
- Persons experiencing homelessness diagnosed with shigellosis should not be released from medical care without shelter and access to an unshared restroom.

Situation

Since September 30, 2021, six hospitalized cases of *Shigella sonnei* have been reported among persons experiencing homelessness (PEH). There has been no associated death. Previous clusters have occurred in this at-risk population in [San Diego County](#), please see table below. Shigellosis is highly contagious (as few as 10 to 100 organisms can cause infection), and transmission occurs via contaminated food and water, or direct person-to-person spread. *Shigella* species are present in the stool of infected persons while they have diarrhea and for up to a few weeks after diarrhea has resolved.

Shigellosis is usually self-limited in immunocompetent hosts, although complications may occur, such as post-infectious arthritis, bloodstream infections, seizures, and hemolytic-uremic syndrome. In PEH, *Shigella* can be a particular problem when access to facilities with hand washing stations is limited. As a result, persons diagnosed with shigellosis should not be released from medical care without shelter and access to an unshared restroom.

Actions Requested

1. Consider shigellosis during the work-up of patients who present with diarrhea or bloody diarrhea, especially in persons experiencing homelessness, but also men who have sex with men (MSMs) and people who are immunocompromised.
2. Individuals experiencing homelessness diagnosed with shigellosis should not be released from medical care without shelter and access to an unshared restroom, which in some cases may be arranged through the Epidemiology Program, please see contact information below.
3. Obtain a stool culture with antimicrobial susceptibility testing (AST) and request ciprofloxacin AST that includes dilutions of 0.12 µg/mL or lower.
4. If a polymerase chain reaction (PCR) test is ordered, order the culture and AST also. PCR does not replace culture, because an isolate is needed for AST and serotyping. If a PCR test is positive for *Shigella*, laboratories must attempt to obtain a bacterial culture isolate for submission to the San Diego Public Health Laboratory

(SDPHL) per [California Code of Regulations Title 17, Section 2505](#), subsection (m)(3). SDPHL does not perform AST.

5. Await AST results when possible before treating shigellosis.
 - Antimicrobial treatment may be warranted based on severe or prolonged illness, hospitalization, and underlying risk factors such as immune-compromising conditions including HIV/AIDS or treatment with immunosuppressive drugs. Clinicians should use AST results to guide therapy and consider consultation with an infectious disease specialist.
 - If the ciprofloxacin MICs are in the 0.12–1.0 µg/mL range, avoid prescribing fluoroquinolones.
 - Obtain follow-up stool cultures and AST in shigellosis patients who have continued or worsening symptoms despite antibiotic therapy.
6. Although not part of this cluster, remind MSM to avoid sex for at least two weeks after recovery from illness.
 - When having sex again, MSM should refrain from oral-anal contact or use barriers, such as condoms or dental dams. Washing genitals, anus, sex toys, and hands before and after sexual activity may reduce risk.
7. Report within one working day any *Shigella* species results whether stool or blood cultures, or PCR tests. Forward culture isolates to SDPHL. AST results should be reported when available. The [County Epidemiology Unit](#) can be contacted by calling 619-692-8499 (Monday-Friday 8 AM-5 PM), or 858-565-5255 after hours, during weekends, and on County-observed holidays. Alternatively, a [confidential morbidity report](#) may be faxed to 858-715-6458 or sent by secure email to epi-cdreporting.hhsa@sdcounty.ca.gov.

Resources

CDC: [Information for Healthcare Professionals | Shigella – Shigellosis](#)

CDPH: [Shigellosis \(ca.gov\)](#)

Thank you for your participation.

CAHAN San Diego

County of San Diego Health & Human Services Agency

Epidemiology and Immunization Services Branch

Phone: (619) 692-8499; Fax: (858) 715-6458

Urgent Phone for pm/weekends/holidays: (858) 565-5255

E-mail: cahan@sdcounty.ca.gov

Secure Website: <http://cahan.ca.gov>

Public Website: <http://www.cahansandiego.com>

**Shigella case reports by species, gender, men who have sex with men (MSM)
and persons experiencing homelessness (PEH), San Diego County, 2018-2021 (year-to-date).**

| Shigella species | 2018 | | | | 2019 | | | | 2020 | | | | 2021 (year-to-date) | | | |
|-----------------------|-------|----------|---------|---------|-------|----------|---------|---------|-------|----------|---------|---------|---------------------|----------|---------|---------|
| | Total | Male (%) | MSM (%) | PEH (%) | Total | Male (%) | MSM (%) | PEH (%) | Total | Male (%) | MSM (%) | PEH (%) | Total | Male (%) | MSM (%) | PEH (%) |
| <i>S. boydii</i> | 3 | 1 | 1 | 0 | 4 | 1 | 0 | 0 | 2 | 2 | 0 | 0 | 1 | 1 | 0 | 0 |
| | | 33% | 33% | 0% | | 25% | 0% | 0% | | 100% | 0% | 0% | | 100% | 0% | 0% |
| <i>S. dysenteriae</i> | 5 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 1 | 0 |
| | | 40% | 0% | 0% | | 0% | 0% | 0% | | 0% | 100% | 50% | | 0% | | |
| <i>S. flexneri</i> | 96 | 66 | 19 | 6 | 120 | 79 | 32 | 9 | 84 | 70 | 14 | 10 | 53 | 37 | 11 | 0 |
| | | 69% | 20% | 6% | | 66% | 27% | 8% | | 83% | 17% | 12% | | 70% | 21% | 0% |
| <i>S. sonnei</i> | 99 | 55 | 6 | 5 | 84 | 56 | 21 | 8 | 52 | 33 | 13 | 10 | 50 | 28 | 5 | 14 |
| | | 56% | 6% | 5% | | 67% | 25% | 10% | | 63% | 25% | 19% | | 56% | 10% | 28% |
| Unknown | 188 | 102 | 26 | 5 | 222 | 124 | 28 | 6 | 105 | 60 | 11 | 9 | 114 | 67 | 17 | 5 |
| | | 54% | 14% | 3% | | 56% | 13% | 3% | | 57% | 10% | 9% | | 59% | 15% | 4% |
| Total | 391 | 226 | 52 | 16 | 431 | 260 | 81 | 23 | 243 | 165 | 38 | 29 | 220 | 135 | 34 | 19 |
| | | 58% | 13% | 4% | | 60% | 19% | 5% | | 68% | 16% | 12% | | 61% | 15% | 9% |

Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch, October 8, 2021.