

March 14, 2006

FROM:

HIV, STD and Hepatitis Prevention Branch  
Public Health Services  
Health and Human Services Agency  
County of San Diego

Contents – STDHEP Update #20

**Shigellosis among Men who have sex with men (MSM)**

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During the last few weeks several cases of shigella diarrheal illness among MSM have been identified. Some case-persons have reported meeting sex partners through the internet. Symptoms of shigella include diarrhea (3 or more loose or watery stools in 24 hours), abdominal cramps, tenesmus, and sometimes fever. In some cases the diarrhea is bloody. In San Francisco in 2000, a *Shigella sonnei* outbreak among MSM occurred with 230 culture confirmed cases reported. Cases had a mean duration of illness of 7 days, 97% had diarrhea, 78% abdominal cramps, 77% fever, 73% weight loss and 31% blood in stool. Among a sample of case-patients interviewed **55% were HIV positive.**

We ask physicians caring for MSM patients with these symptoms to **consider shigellosis.**

- **Diagnosis** – Obtain a stool culture using whole stool or a rectal swab. **Contact your laboratory for collection instructions.** Stool or rectal swabs should be cultured directly onto appropriate bacteriological media if possible. If specimens will not be cultured within 2 hours, place a portion of stool in a transport medium such as Buffered Glycerol Saline. Rectal swabs can be placed in a transport tube such as Amies transport medium with charcoal for delivery to the laboratory within 24 hours. If needed, please contact the Public Health Laboratory for additional technical assistance (619-692-8500).
- **Treatment** – The recommended treatment for **culture confirmed infection is Ciprofloxacin 500mg BID for 3 days.** Appropriate treatment will decrease the duration, transmission, and severity of symptoms and should be prescribed based on severity of symptoms or the need to protect close contacts. **Person with HIV/AIDS may be more susceptible to severe illness and should be closely monitored.** The incubation period of shigellosis is 1-4 days, and shigella are shed in stool from several days to several weeks after illness. Persons who receive appropriate antimicrobial therapy will be culture negative in 72 hours.
- **Prevention of Transmission** – Shigella are spread through direct or indirect fecal-to-oral contact. Patients with shigellosis should abstain from sexual behavior that is likely to transmit infection for at least 3 days after initiation of antimicrobial treatment or until after a post-treatment negative culture is obtained. Patients should be educated to avoid practices that might result in fecal-oral transmission of enteric infections such as shigella or Hepatitis A. **Patients should wash with soap and water the perianal area, other body parts, and sex toys before and after sexual activity.** Persons with diarrhea should

not work as foodhandlers, provide direct medical care or care for children or immune compromised persons.

- **Reporting** – Patients with a suspect or confirmed case (positive stool culture) should be reported to Community Epidemiology (phone 619-515-6620 or fax 619-515-6644), and also ask the laboratory to save the specimen /send a sample to the Public Health Laboratory for PFGE typing (619-692-8500).
- **Contacts** – Recent sexual and household contacts of persons with shigella should be evaluated for the presence of symptoms and managed accordingly. Culturing contacts who are asymptomatic has a very low yield and is not routinely recommended.
- **Questions/Consultation** – Michele Ginsberg, MD (Community Epidemiology, 619-515-6620) or Robert Gunn, MD, MPH (STD Control Officer, 619-692-8614/8082).

In addition, there have been cases of **Lymphogranuloma Venereum (LGV) circulating among the MSM population**. LGV can present with rectal discomfort, superficial rectal mucosal ulceration, and rectal discharge with bleeding and should be considered in the differential diagnosis of MSM with rectal bleeding. Diarrhea is not a common component of LGV. Suspect LGV should be reported to the STD program at 619-692-8501. See STD Hepatitis Update #16, distributed Jan 14, 2005. Copies are available upon request.

This possible shigella outbreak may be the result of HIV positive MSM limiting their sex partners to other HIV positive men (serosorting – a good thing for HIV prevention) but at the same time abandoning safe sexual practices and limiting their sexual networks. This phenomena may be a very important contributing factor in the recent increase (since 2000-2001) in gonorrhea and syphilis among MSM, and in addition, the emergence of LGV, and now possibly shigellosis. Providing prevention services for HIV-positive MSM is critically important in controlling the spread of these infections, as well as the transmission of HIV to uninfected MSM who may on occasion participate in these sexual networks.

## ***Recruit a Colleague!***

Do you have colleagues who would benefit from receiving STDHEP Updates?

**If so, please pass this Update on to them!**

STDHEP Updates are sent 4 – 5 times per year, and include **time-sensitive information** about **STDs and viral hepatitis**. Member emails are confidential, and users can unsubscribe at any time.

To join the STDHEP Email List, send an email to [STDHEP.HHSA@sdcounty.ca.gov](mailto:STDHEP.HHSA@sdcounty.ca.gov) with “Join” in the subject line.

You can also call Craig Sturak, 619-692-8369, and ask to be added to the list.

STD clinic services, which include a dark-field examination of any suspect primary syphilis lesion, complete STD screening, and selective risk-based Hepatitis vaccination, are available 5 days a week on a walk-in basis. Call 619-692-8550 for times and locations. Field and Community Services staff members are available to assist in any way, including transportation of clients to the clinic. Please call 619-692-8501 for assistance.