MDR SHIGELLOSIS UPDATE

Please distribute this information to all medical staff



Key Points:

- 1. Multidrug resistant (MDR) Shigella strains are circulating among men who have sex with men (MSM) in NSW
- 2. Request culture and full sensitivities on stool specimens for MSM with diarrhoea
- 3. Consider empiric oral ciprofloxacin for MSM patients to reduce infectious period
- 4. Discuss measures to reduce risk of spread among MSM presenting with, or recently recovered from, diarrhoea

What is the issue?

- There has been an increase in locally acquired multidrug resistant shigellosis transmitted through male-to-male sexual contact in the Sydney region.
- Most isolates are sensitive to oral ciprofloxacin. Many are resistant to cotrimoxazole, ampicillin/amoxicillin, azithromycin and ceftriaxone.
- Full sensitivities should be requested for all patients with shigellosis.

How should I manage patients?

Shigella suspected but not confirmed

Shigella confirmed but susceptibilities not yet available

Shigella confirmed and susceptibilities available

Investigation

Investigate as usual.

Request stool culture and full sensitivities including azithromycin^{1,2}

Confirm laboratory is performing culture and susceptibility testing, including azithromycin¹

Confirrn susceptibility results against patient's current treatment plan

Freatment

If the case **is MSM** consider empiric oral ciprofloxacin.

If not in a high risk group or with severe illness, await suceptibility results prior to commencing treatment.

<u>Strongly</u> emphasise infection control advice (below).

If **MSM**, consider oral ciprofloxacin.

<u>Strongly</u> emphasise infection control advice (below)

If isolate is reported as resistant to all oral agents AND patient is still symptomatic³: consider referral to ID physician (who may consider IV ceftriaxone or meropenem).

Notes: 1. Not all laboratories perform azithromycin susceptibility testing. If required, this can be done at the NSW Health Pathology Enteric Reference Laboratory (ICPMR, Westmead); 2. PCR only is not recommended as this may delay the availability of full sensitivity results; 3. Commencing IV antibiotics in individuals whose symptoms have resolved is not recommended. They should be given advice on measures to reduce transmission (see below)

Advice for symptomatic patients

- **Don't have sex** until no longer infectious (at least **1 week** after symptoms resolve).
- <u>Don't</u> prepare food or drink for others or share utensils, and don't provide personal care for others, share linen or towels.
- 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* (food handlers, child care and aged care workers, and healthcare workers with direct patient contact) should not return to work until **48** hours after their diarrhoea has stopped.

Importance of contact tracing

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. The NSW Sexual Health Info Link (1800 451 624/http://www.shil.nsw.gov.au) can assist, including with anonymous contacts.

For further information please call your local public health unit on 1300 066 055.

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Further Information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/shigellosis.aspx