



# Treatment guideline for shigellosis in remote populations of Western Australia

## Key points

- *Shigella* is a highly infectious cause of bacterial gastroenteritis with ongoing transmission of *Shigella* infections (shigellosis) in remote areas of Western Australia.
- If bacterial gastroenteritis is suspected, request stool microscopy, culture and full sensitivities.
- Antibiotics are recommended to reduce transmission and severity in patients with shigellosis living in remote areas of Western Australia.
- Discuss the risks of transmission and prevention with all patients diagnosed with shigellosis.

## Background

- There are over 130 cases of shigellosis acquired in WA each year. Of the culture confirmed cases acquired in WA, most reside in remote areas and most of these patients are Aboriginal people. It is likely that many cases are not diagnosed. Remote areas include the Goldfields, Pilbara, Kimberley and remote areas of the Midwest.
- Symptoms of shigellosis include diarrhoea (with or without blood or mucous), fever, vomiting and stomach cramps.
- After symptoms resolve, people can shed *Shigella* for up to 4 weeks. This poses a high risk for ongoing person-to-person transmission, particularly where there is crowding, hygiene concerns and poor sanitation.
- Most *Shigella* strains from people living in remote communities are non multi-drug resistant (non-MDR) and thus can be treated with oral antibiotics.
- There is an increase in MDR shigellosis, predominately in metropolitan Perth, in men who report having sex with men (MSM). Refer to: *MDR shigellosis treatment guidelines*.
- For the management of non-MDR shigellosis cases located outside of remote WA, refer to the [Therapeutic Guidelines:Antibiotic](#).

## Management

- Request stool microscopy, culture and full sensitivities if bacterial gastroenteritis is suspected. Stool PCR can not detect antibiotic resistance. Rectal swabs are suboptimal specimens for isolation of gastrointestinal pathogens. They would not be routinely cultured for *Shigella* unless specifically requested with clinical details.
- To prevent ongoing transmission and reduce the risk of severe infection, antibiotic treatment is recommended for:
  - confirmed shigellosis in patients living in remote areas of Western Australia.
  - household contacts of confirmed cases from remote Aboriginal communities who present with diarrhoea should be tested and treated with empirical antibiotics as below.
- While waiting results of susceptibility testing, empiric treatment options for **mild to moderate shigellosis disease in confirmed cases and symptomatic household contacts** include:
  - **First line of treatment:** Ciprofloxacin 500mg (child: 12.5mg/kg/dose up to 500mg) orally, 12-hourly for 5 days,
  - **Second line of treatment:** Trimethoprim/sulfamethoxazole 160/800mg (child 1 month or older 4/20mg/kg up to 160/800mg) orally, 12-hourly for 5 days.
- Modify therapy based on results of susceptibility testing.



- For **severe shigellosis requiring intravenous antibiotics**, commence ceftriaxone 2g (child 1 month or older: 50mg/kg up to 2g) intravenously, daily. Switch to oral antibiotics with clinical improvement, as per the culture sensitivity report, to complete 5 days of total therapy.
- Following treatment, clearance with repeat specimens is not routinely required for non-MDR shigellosis.
- Discuss transmission prevention with patient and/or carer.
- Clinicians may seek advice from an infectious disease physician or clinical microbiologist, if required.

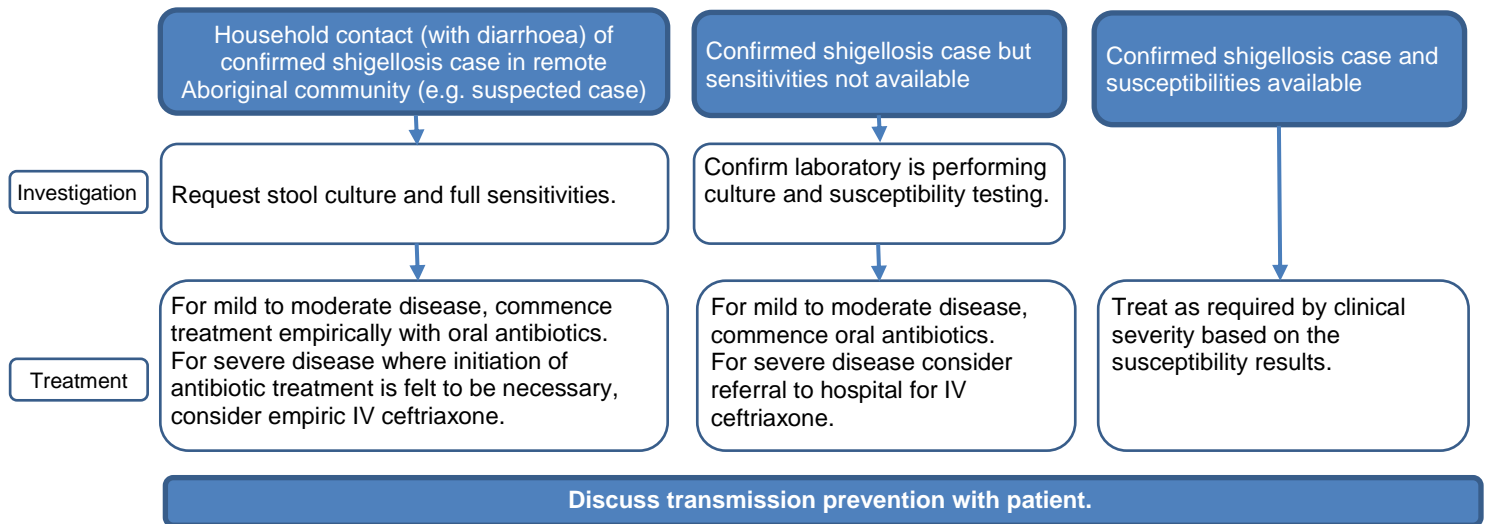
### Advice for patients on prevention of further transmission

- **Wash hands often** and thoroughly, especially after using the bathroom, changing nappies and before eating.
- **Don't prepare food or drink** for others or share utensils until **48 hours** after the diarrhoea has stopped.
- **Don't share** linen or towels and take extra precautions when providing personal care for others.
- **Don't swim** in a pool until **48 hours** after the diarrhoea has stopped.
- **Do not go to work or school** for at least 24 hours after the diarrhoea has finished, or 48 hours if you work in or attend healthcare, residential care, childcare, or are paid to prepare or handle food.
- **Sexually active people should not have sex** until they are no longer infectious (usually **7 days** after symptoms resolve).

### More information

- For further information contact your local [public health unit](#).
- See the consumer shigellosis fact sheet at the [HealthyWA site](#).

### Flow chart of recommended treatment of suspected and confirmed cases of shigellosis in remote areas of Western Australia



Approved by	Designation	Date of approval
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Endorsed by the Western Australian Multi-resistant Organism Expert Advisory Group (WAMRO).

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