MDR SHIGELLOSIS UPDATE

Please distribute this information to all medical staff



Key Points:

- 1. There are increasing notifications of a multidrug resistant (MDR) Shigella strain from men who have sex with men (MSM) in Sydney
- 2. Request full sensitivities on stool specimens for MSM with diarrhoea
- 3. Consider oral ciprofloxacin to reduce infectious period
- 4. Discuss the risk of MDR shigellosis and prevention with all MSM patients

What is the issue?

- This strain is resistant to cotrimoxazole, ampicillin/amoxicillin, azithromycin, AND ceftriaxone. It is susceptible to ciprofloxacin and meropenem.
- Full sensitivities should always be requested because there are other MDR *Shigella* strains in NSW. These strains are resistant to ciprofloxacin and susceptible to ceftriaxone OR resistant to BOTH ceftriaxone and ciprofloxacin.

How should I manage patients?

Shigella confirmed but Shigella suspected but not Shigella confirmed and susceptibilities not yet confirmed susceptibilities available available nvestigation Investigate as usual. Confirm laboratory is performing culture and Request stool culture and susceptibility testing, full sensitivities including including azithromycin1 azithromycin1,2 If the case is MSM. consider empiric oral ciprofloxacin. If isolate is reported as **Freatmen** If not in a high risk group or resistant to all oral agents with severe illness, await If MSM, consider oral AND patient is still results prior to commencing ciprofloxacin (see left) symptomatic³: consider treatment. referral for IV therapy. Strongly emphasise infection control advice (below).

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 (usually 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.
- <u>Don't</u> 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*, including food handlers and those who care for others should not return to work until **48 hours** after their diarrhoea has stopped.

Importance of contact tracing

Particular 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 online contacts.

For further information please call your local Public Health Unit on 1300 066 055.

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