# SHIGELLOSIS MANAGEMENT IN MSM



# **Key Points:**

- A multidrug resistant (MDR) Shigella strain is circulating among men who have sex with men (MSM) in NSW
- 2. Request full sensitivities on stool specimens for MSM with diarrhoea
- 3. Consider oral ciprofloxacin antibiotics for MSM patients to reduce infectious period
- 4. Discuss the risk of MDR shigellosis and prevention with all MSM patients

### What is the issue?

- Shigella strains resistant to multiple antibiotics are circulating in NSW in people who were likely
  exposed through male-to-male sexual contact.
- Many isolates are resistant to cotrimoxazole, ampicillin/amoxicillin, azithromycin, AND ceftriaxone
   OR ciprofloxacin. To date all strains are susceptible to meropenem
- Full sensitivities should be requested for all patients with shigellosis.

# How should I manage patients?

Shigella suspected but not confirmed

confirmed

Shigella confirmed but susceptibilities not yet available

Shigella confirmed and susceptibilities available

nvestigation

**Treatment** 

Investigate as usual.

**Request** stool culture and full sensitivities including azithromycin<sup>1,2</sup>

**Confirm** laboratory is performing culture and susceptibility testing, including azithromycin<sup>1</sup>

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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 (see left)

If isolate is reported as resistant to all oral agents AND patient is still symptomatic<sup>3</sup>: consider referral for 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 (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.
- 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*, 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/<a href="http://www.shil.nsw.gov.au">http://www.shil.nsw.gov.au</a>) can assist, including with online contacts.

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