What is shigellosis?
Shigellosis is a disease of the bowel caused by the bacteria called Shigella. It is treatable and most people get better quickly. However, some people develop severe diarrhea and dehydration that may be dangerous to the very young, very old and the chronically ill.

What are the symptoms?
Symptoms associated with Shigella include: mild to severe diarrhea, fever, nausea, vomiting, stomach cramps, and straining to have a bowel movement. Stools may contain blood, mucus and pus. The symptoms usually develop within a week of exposure to Shigella and usually last for several days, but can last for weeks. Some persons who are infected may have no symptoms at all, but may still pass the Shigella bacteria to others.

How is shigellosis spread?
Shigella bacteria are found in the feces (stool) of an infected person. It is spread by close contact and by eating or drinking contaminated food or water.

How is it diagnosed?
Shigellosis is diagnosed by laboratory examination of a stool sample. The laboratory can also do special tests to determine which antibiotics, if any, would be best to treat the infection.

How is shigellosis treated?
Persons with mild infections usually recover quickly without antibiotic treatment. However, appropriate antibiotic treatment kills Shigella bacteria, and may shorten the illness by a few days. Some Shigella bacteria have become resistant to antibiotics. This means some antibiotics might not be effective for treatment. Using antibiotics to treat shigellosis can sometimes make the germs more resistant. Therefore, when many persons in a community are affected by shigellosis, antibiotics are sometimes used to treat only the most severe cases. Antidiarrheal agents such as loperamide (Imodium®) or diphenoxylate with atropine (Lomotil®) can make the illness worse and should be avoided.

How common is shigellosis?
Shigellosis is particularly common and causes recurrent problems in settings where hygiene is poor and can sometimes sweep through entire communities. It is more common in summer than winter. Children, especially toddlers aged 2 to 4, are the most likely to get shigellosis. Many cases are related to the spread of illness in child-care settings, and many are the result of the spread of the illness in families with small children.

How can you prevent shigellosis?
Some general guidelines are:
- Always wash your hands thoroughly with soap and water before eating or touching food and after using the toilet or changing diapers.
- If you are taking care of someone with diarrhea, wash your hands with soap and water after cleaning the bathroom, helping the person use the toilet, or changing diapers, soiled clothes or soiled sheets.
- Don’t share food, drinks, spoons or straws.
- If you have a child in a daycare that has diarrhea, they should not attend daycare until after diarrhea stops for at least 24 hours and tell the providers so they can make sure it is not spread to other children.
- Don’t let anyone who has diarrhea use a pool or swim in a pond while they are still sick until 2 weeks after the diarrhea has stopped. Be extra careful with small children, even if they are in diapers.

Are there any restrictions for people with shigellosis?
Yes, since Shigella is found in the feces, people with diarrhea should not go to school or work. People may return to school or work when they no longer have diarrhea. Children who attend daycare should not attend daycare until diarrhea stopped. And if more than one person is ill at the daycare, ill children and staff may be asked to stay at home until diarrhea has stopped for at least 24 hours. People who handle food, should be treated, and have no Shigella in their stools (two negative stool cultures) before they return to work. This also applies to workers in schools, residential programs, daycare and health care facilities who feed, give mouth care or dispense medications to clients.

Where can I get more information?
www.cdc.gov/health/default.htm