

Diseases Fact Sheet - Shigellosis

South Dakota Department of Health

Office of Disease Prevention Services - 605-773-3737 -(1-800-592-1861 in South Dakota only)

This material is provided for informational purposes only and is not a substitute for medical care. We are not able to answer personal medical questions. Please see your health care provider concerning appropriate care, treatment or other medical advice.

What is it?

Shigellosis is a bacterial infection affecting the intestinal tract. It is a fairly common disease. Most cases are seen in the summer and early fall and occur as single cases or outbreaks.

Who gets shigellosis?

Anyone can get shigellosis but it is recognized more often in young children. Those who may be at greater risk include children in day care centers, foreign travelers to certain countries, institutionalized people and men who have sex with men.

How is the shigella germ spread?

Shigella germs are found in the intestinal tract of infected people who in turn may contaminate food or water. The shigella germ is spread by eating or drinking contaminated food or water or by direct contact with an infected person.

What are the symptoms?

People exposed to the shigella germ may experience mild or severe diarrhea, often with fever and traces of blood or mucous in the stool. Some infected people may not show any symptoms.

How soon do symptoms appear?

The symptoms may appear one to seven days after exposure but usually within two or three days.

When and for how long is a person able to spread shigellosis?

Most people may pass shigella in their feces (stool) for up to 4 weeks. Certain antibiotics may shorten the carrier phase.

Should infected people be isolated or excluded from school or work?

Since the germ is passed in the feces of an infected person, people with active diarrhea or those who are unable to control their bowel habits should be isolated. Most infected people may

return to work or school when their diarrhea ceases, provided that they carefully wash their hands after toilet visits. In child care centers, children and staff should not be permitted to return to the facility until 24 or more hours after diarrhea has ceased. Food handlers must be excluded or restricted until two fecal specimens collected at least 24 hours apart are culture negative, 48 hours after the last dose of antibiotics, if given; or upon physician release. Healthcare workers should be restricted from patient contact until symptoms resolve.

How is shigellosis treated?

Most people with shigellosis will recover on their own. Some may require fluids to prevent dehydration. Antibiotics are occasionally used to treat severe cases or to shorten the carrier phase which may be important for food handlers, children in day care or institutionalized individuals.

What can be done to prevent the spread of shigellosis?

Since germs are passed in feces, the single most important prevention activity is careful hand-washing after using the toilet.

Related Sites:

- Centers for Disease Control and Prevention (CDC) - [Shigellosis Fact Sheet](#)
- If you or your child have a diarrheal illness, remember a stool sample is needed to determine what is causing the diarrhea and who might be at risk for spread of the disease from the ill individual.
- Kits for collecting the stool sample are available from the South Dakota Department of Health's local [Disease Intervention Offices](#) or from the [State Public Health Laboratory](#).
- If [salmonella](#), [*E. coli*](#), [rotavirus](#), [shigella](#) or [campylobacteriosis](#) is diagnosed, department disease intervention staff may contact you about potential exposures such as food, farm animals, or other ill individuals.
- [Indian Health Service public service announcement](#)