

Philadelphia Department of Public Health

Division of Disease Control

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Health Advisory

Outbreak of *Shigella* in a Religious Community in Northeast Philadelphia November 27, 2007

The Philadelphia Department of Public Health (PDPH) is investigating an outbreak of *Shigella* infections among students and staff of a school in a religious community in Northeast Philadelphia. The outbreak has affected many of the younger children in the school, as well as their household contacts. *Shigella* causes diarrhea, abdominal cramps, fever, and nausea. It is shed in stool and easily spread from person-to-person. Asymptomatic infections occur, particularly among household contacts of cases. Several people have been hospitalized in this outbreak. The incubation period is typically 2-4 days, but may range from 1 to 7 days.

PDPH recommends the following measures to control this outbreak:

- Clinicians should obtain stool cultures from all symptomatic children and adults who are suspected to be related to this religious school and community.
- Although most infections are self-limiting, PDPH recommends treatment of even mild cases in this outbreak because of the large number of cases and to prevent further spread in the community. A 5-day course of treatment is recommended. The strain causing this outbreak is susceptible to ampicillin, trimethoprim-sulfamethoxazole (Bactrim), flouroquinolones, and ceftriaxone. It is resistant to cefazolin.
- Empiric therapy should be considered while stool cultures are pending, particularly in younger patients and those in diapers.
- All symptomatic persons should be excluded from school or work until symptoms have resolved. All children in childcare or nursery programs who has or recently had symptoms of diarrhea must be excluded from those programs until they have had two negative stool cultures for Shigella. Stool cultures should be collected at least 24 hours apart and at least 48 hours after the last dose of antibiotics. Exclusion is required even if symptoms no longer persist, regardless of whether a stool culture was obtained at the beginning of the illness.
- All symptomatic adults who work in childcare settings, as foodhandlers, or who are employed in healthcare facilities providing direct patient care must be excluded from work until they are no longer symptomatic, and have had two negative stool cultures for Shigella.
- Asymptomatic household contacts of cases have a high probability of infection, and should be assumed to be shedding the organism until proven otherwise. Because of this, all household contacts to cases must have 2 negative stool cultures before they can a) attend or work in a childcare center or program, b) work as foodhandlers, c) work in healthcare settings providing direct patient care.
- Promoting hygiene is the primary method to interrupt transmission of Shigella.

Please contact the Division of Disease Control, PDPH at 215-685-6741 during normal business hours (215-686-1776 after hours) if you have any questions about this outbreak.