



Guidance for Mitigation of Shigellosis (Shigella) in Congregate Settings

Background

Shigellosis, often referred to as Shigella infection, is a bacterial infection that is spread most commonly from person to person, however infection can occur from contaminated surfaces or objects¹. Symptoms usually begin within 1-2 days after infection and last around 7 days, however symptoms can last weeks after initial infection for some. Shigellosis usually resolves on its own without treatment, however anyone who is severely ill or immunocompromised should be considered for treatment. Shigellosis is considered highly contagious and anyone with symptoms related to Shigellosis in a shelter or congregate setting should be referred to a medical provider for diagnosis upon identification of symptoms.

Clinical onset of Shigellosis

What symptoms are associated with Shigellosis?

Symptoms include:

- Diarrhea (sometimes bloody)
- Fever
- Stomach pain or cramping
- Feeling the need to pass stool (poop) even when bowels are empty

Some individuals will remain asymptomatic for the duration of their infection. Symptoms generally last 5-7 days but can linger for weeks following an infection. In some cases, it can take months for normal bowel habits to return².

How long does it take from exposure to onset of symptoms?

Symptoms typically occur within 1-2 days after contact with the bacteria. People may come in contact with the bacteria by getting Shigella on their hands, eating food contaminated with Shigella, swallowing recreational water that is contaminated with the bacteria, and having contact with poop during sexual contact.

Risk Factors Associated with Contracting Shigellosis

Shigellosis is spread easily from one person to another, however there are groups who are at increased risk of contracting the disease including:

- Young children
- Travelers from countries without treated water sources
- Gay or bisexual men and other men who have sex with men (GBMSM)*

*The term “men who have sex with men” is used in CDC surveillance systems because it indicates men who engage in behaviors that may transmit Shigella infection, rather than how somebody identifies their sexuality³. It is important to remember that Shigella can infect anyone, and outbreaks can occur among any race, ethnicity, or community social circle due to the bacteria’s ability to spread easily.

¹ <https://www.cdc.gov/shigella/infection-sources.html>

² <https://www.cdc.gov/shigella/symptoms.html>

³ <https://www.cdc.gov/shigella/infection-sources.html>

Immediate Next Steps for Case Treatment and Monitoring

Upon the identification of symptoms consistent with Shigella:

1. Refer symptomatic resident to a healthcare provider for proper diagnosis and treatment, if deemed necessary.
2. Notify staff and residents in writing for symptoms to look for, and that they should notify the facility immediately if symptoms develop.
3. Report all cases of shigella to the Special Populations team at CDPH here:
<https://redcap.link/specpopreport>
4. Conduct daily symptom monitoring for all staff and residents.
 - a. Any symptomatic staff should be excluded from work until 48 hours from resolution of symptoms.
5. Promote increased hand hygiene by increasing access to hand sanitizer/soap and water.
6. Require all staff and residents to wash their hands before meals.
7. Ensure all high touch surfaces throughout the facility are being cleaned at least once daily with a 10% concentration of bleach solution prepared daily before each use. (Particular attention should be paid to countertops, tables, restrooms and other high touch surfaces such as doorknobs). Refer to required contact times listed on the label of each cleaning product being used to ensure proper disinfection. (More information on sanitization, hygiene and cleaning can be found here:
<https://www.cdc.gov/shigella/shigella-toolkit.html#shc>)
8. Stop use of shared utensils (cups, silverware, plates, etc.) or shared food items.

Isolation:

Any resident who is diagnosed with Shigellosis should be isolated away from others the best of the facility's ability for at least 48 hours from resolution of symptoms. If a separate isolation space is not available, the facility should prioritize cohorting sick residents together with others who have like-symptoms and physically separate them from those who remain asymptomatic, to the best of their ability. Staff who report symptoms should be excluded from work for the at least 48 hours from symptom resolution.

Identification of Close Contacts to the Case of Shigellosis

Anyone who is identified to have had close contact within a confirmed case of Shigella can remain in the general population of the congregate setting. However, continue to monitor for symptoms and immediately isolate anyone who develops symptoms.

Contact Information when Responding to a Case of Shigellosis

Organization	Email	
CDPH	CDPH Reporting Link: https://redcap.link/specpopreport	
LCO	Lawndale Christian Health Center sheltercare@lawndale.org	Heartland Alliance Health sheltercare@heartlandalliance.org