

TIP SHEET for *Shigella* Case Investigations

- **Disease:** *Shigella* is a bacterium that causes gastrointestinal illness. Most people experience diarrhea that can be bloody or prolonged (lasting more than 3 days), fever, abdominal cramps, and tenesmus (feeling the need to pass stool even when the bowels are empty). Symptoms generally last 5 to 7 days but can range from a few days to weeks. An estimated 20% of individuals require hospitalization. An increase in extensively drug-resistant *Shigella* has been observed nationally since 2020.
- **Transmission & Incubation Period:** Humans are the natural host for *Shigella* bacteria. Transmission occurs via contact with the feces of an infected person, contaminated objects, ingestion of contaminated food or recreational water, or sexual contact. Individuals become ill by swallowing the bacteria. *Shigella* is not transmitted by animals. Symptoms typically begin 1 to 3 days after exposure but can range from 1 to 7 days.

<p style="text-align: center;">① Notification</p>	<ul style="list-style-type: none"> • LBOHs have primary responsibility to investigate cases of <i>Shigella</i> in their jurisdiction. New cases will flow into your “LBOH Notification for Routine Disease” workflow.
<p style="text-align: center;">② Get Prepared</p>	<ul style="list-style-type: none"> • Familiarize yourself with the disease: MDPH Fact Sheets, MDPH Guide to Surveillance • Review foodhandler exclusion criteria from 105 CMR 300 for cases and their household contacts. Implementing the Exclusion of Food Handlers with Reportable Conditions A food handler is defined as any person directly preparing or handling food; any person handling clean dishes or utensils; any person who dispenses medications by hand, assists in feeding, or provides mouth care. <ul style="list-style-type: none"> ▪ In healthcare: this includes those who set up trays for patients to eat, feed or assist patients in eating, give oral medications or give mouth/denture care. ▪ In child care programs, schools, and community residential programs: this includes those who prepare food for clients to eat, feed or assist clients in eating, or give oral medications. • Review demographic and laboratory information available in MAVEN for the case.
<p style="text-align: center;">③ Contact Ordering Provider</p>	<ul style="list-style-type: none"> • The name and facility of the ordering provider can be found in the lab tab in the case’s MAVEN event. If ordering provider is a hospital, reach out to the hospital Infection Preventionist. • During call with provider’s office: <ul style="list-style-type: none"> ○ Confirm case’s contact information, collect additional phone number(s) or email address ○ Obtain symptom onset date and clinical presentation ○ Collect information on any potential exposures identified during visit (e.g., travel) ○ Request case’s occupation and employer, if available ○ Ask if the case has been informed of their diagnosis • If the ordering provider cannot be reached in a timely manner, proceed to case interview.
<p style="text-align: center;">④ Contact Case</p>	<ul style="list-style-type: none"> • Introduce yourself, why you are calling, what you will use information for, and who has access to the information they provide. • Complete all questions in the Demographic and Clinical question packages. <ul style="list-style-type: none"> ○ Ensure sexual orientation is documented for every case ≥ 18 years old. • Complete all questions in the Risk/Exposure question package for the 7 days prior to illness onset. <ul style="list-style-type: none"> ○ To improve recall of social activities, recreational water exposures, and restaurants visited, ask the case to review their work and/or personal calendars, credit card or bank statements, and photos on their phone. ○ Ensure the question “Did case have sex with male, female, both, neither” is completed for every case ≥ 18 years old. ○ “Employed or attend a supervised care setting” should be used to document attendance or employment at a child care program or school. • Provide education on the disease and guidance on how to prevent further spread to their household members and close contacts (including sexual contacts).

<p>⑤</p> <p>Prevent Further Transmission</p>	<p>Food handlers</p>	<ul style="list-style-type: none"> If individual meets the 105 CMR 300 definition of a food handler (see definition in “② Get Prepared”), they must be excluded from food handling duties until meeting clearance criteria: <ul style="list-style-type: none"> In non-outbreak circumstances: after diarrhea has resolved, two negative stool specimens produced 24 hours apart, and 48 hours after completion of any antimicrobial therapy. Implementing the Exclusion of Food Handlers with Reportable Conditions
	<p>Child care</p>	<p>Exclusion:</p> <ul style="list-style-type: none"> Most staff in child care programs are considered food handlers. Staff should be excluded following food handler criteria above. Children should be excluded until diarrhea has resolved and two negative stool specimens are produced; specimens should be collected at least 24 hours apart and 48 hours after completion of any antimicrobials. <p>Identify if there is an outbreak at the facility:</p> <ul style="list-style-type: none"> Contact the facility (or the local health department where the facility is located, if outside your jurisdiction) to find out if others are experiencing similar illness.
	<p>Long-term care</p>	<p>Exclusion & precautions:</p> <ul style="list-style-type: none"> Staff who meet the definition of a food handler should be excluded following food handler criteria above. Residents should be placed on standard plus contact precautions for the duration of their illness. Infection Prevention in Long Term Care: Gastrointestinal Illness <p>Identify if there is an outbreak at the facility:</p> <ul style="list-style-type: none"> Contact the facility (or the local health department where the facility is located, if outside your jurisdiction) to find out if others are experiencing similar illness.
<p>⑥</p> <p>Notify DPH as Needed</p>	<ul style="list-style-type: none"> Suspected outbreaks are reportable to MDPH within 24 hours. If case investigation indicates that two or more people from different households became ill with similar symptoms after a common exposure, notify the Division of Epidemiology: (617) 983-6800. Create a MAVEN foodborne illness complaint if the case reports eating food prepared outside the home with sufficient details available (name of establishment and location are required, date of purchase/consumption or best estimate should also be available). 	
<p>Other Notes</p>	<ul style="list-style-type: none"> It is recommended that three call attempts are made at different times of day to reach a case for interview. Consider texting or emailing a case requesting a call back if they are not responsive. <ul style="list-style-type: none"> If a case cannot be reached, collect the following from the ordering provider before closing out the case: symptom onset and clinical presentation, occupation and employer, and any exposure information available in the medical notes. Completion of all exposure questions in the MAVEN Risk Question Package is essential for detecting outbreaks and preventing further transmission. 	
<p>Additional Resources</p>	<ul style="list-style-type: none"> May 2022 webinar: Introduction to Enteric (Gastrointestinal Illness) Disease Case Investigations Slides, Recording August 2022 webinar: Overview and Updates to Cryptosporidium and Shigella Case Investigations Slides, Recording CDC: Shigella Infection Among Gay, Bisexual, and Other Men Who Have Sex with Men MDPH Division of Epidemiology: (617) 983-6800 	