

Shigellosis

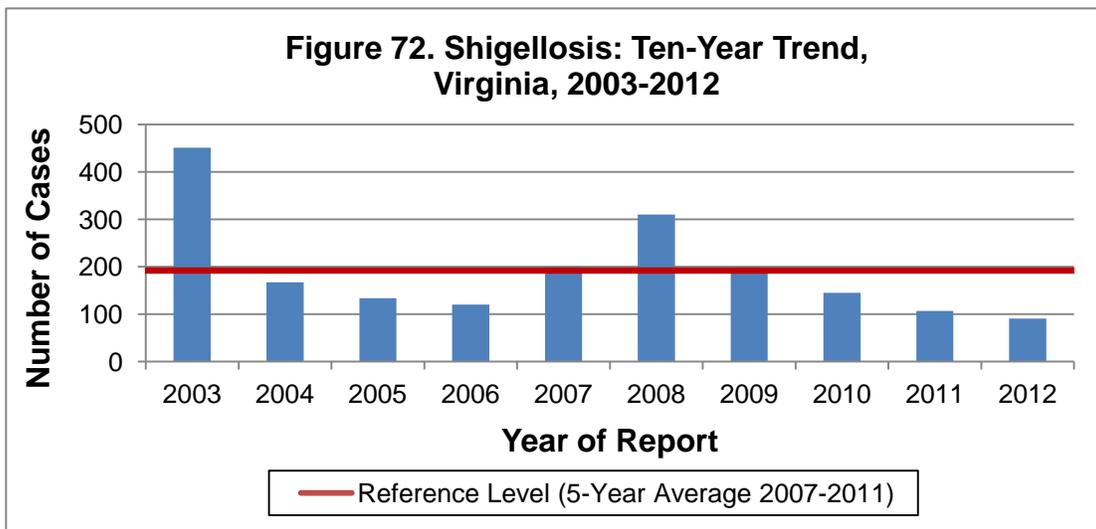
Agent: *Shigella* (bacteria)

Mode of Transmission: Primarily person-to-person transmission when the bacteria are passed from the stool of an infected person to another person through direct contact. Additionally, contact with a contaminated inanimate object, ingestion of contaminated food or water, and certain types of sexual contact may spread the disease.

Signs/Symptoms: Diarrhea ranging from watery and loose to mucoid with or without blood; fever; and sometimes nausea, vomiting, abdominal cramps and painful straining while defecating. Mild and asymptomatic infections can also occur.

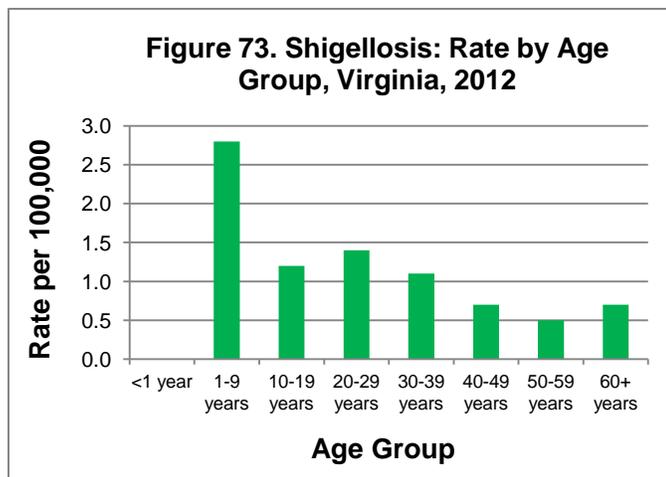
Prevention: Proper hand hygiene is essential to limit transmission. Additional control measures include improved sanitation, chlorination of drinking water, proper cooking and storage of food, the exclusion of infected persons as food handlers, and measures to decrease contamination of food by houseflies.

Other Important Information: *Shigella sonnei*, (also known as "Group D" *Shigella*), accounts for over two-thirds of shigellosis in the United States, while *Shigella flexneri* (also known as "group B" *Shigella*) accounts for almost all the rest.



During 2012, 91 cases of shigellosis were reported in Virginia. This represents a 15% decrease from the 107 cases reported in 2011, and a 53% decrease from the five-year average of 192 cases per year (Figure 72).

Similar to what was seen in 2011, the 1-9 year age group again had the highest number of cases and



the highest incidence rate (26 cases, 2.8 per 100,000) (Figure 73). The high rate in this age group is expected because toddlers, age 2 to 4 years, are more likely to be exposed to shigellosis in child care and home settings where other young children may not routinely wash their hands after using the toilet. No cases were reported in children less than one year of age; incidence among the other age groups ranged from 0.5 to 1.4 per 100,000.

Race data were missing for 47% of reported shigellosis cases. Among those with race information, incidence was highest in the “other” race population (0.9 per 100,000), followed closely by the black and white populations (0.7 and 0.5 per 100,000, respectively). The incidence of shigellosis was similar among males and females (1.3 and 1.0 per 100,000, respectively).

Geographically, the northern region had the highest incidence rate (2.0 per 100,000) and the southwest region had the lowest (0.1 per 100,000). Rates among the other regions ranged from 0.7 to 1.0 per 100,000. Onset dates show a peak in the late summer months of July through September (Figure 74). No reported outbreaks were attributed to *Shigella* during 2012.

