



16 June 2021  
To: GPs, London

## Shigella Increase 2020- 2021 in MSM

### Alert: Shigella increase in MSM in London .

PHE has been investigating an increase in and ongoing transmission of *Shigella flexneri*. The cases have mainly been seen in London and the North West of England. Your contribution is very important in helping us to recognise cases and raise awareness of how this infection is transmitted.

Most cases present first to GPs or A&E and are unaware of the connection with sex. Sometimes diagnosis has been missed initially. Severe symptoms include diarrhoea which may contain blood or mucus, dehydration requiring hospitalisation and possible complications such as kidney damage. The Shigella strains seen in this recent increase have decreased susceptibility or full resistance to some antibiotics, so testing for antimicrobial susceptibility will help with prescribing decisions.

### **Background**

Shigella are bacteria that cause intestinal infection resulting in symptoms ranging from mild to severe (including diarrhoea, fever, and abdominal pain). Transmission occurs via the faecal-oral route through direct contact with an infected person, or exposure to contaminated surfaces, food or water. In the UK cases are increasingly via sexual transmission ( direct oral-anal contact, oral sex , fingers, sex toys etc. ). In 2019, around half of shigellosis cases diagnosed in the UK were acquired through sexual contact. Gay and bisexual and other men who have sex with men (MSM) are particularly at risk. Since March 2020, reduced travel during the period of COVID-19 restriction has meant that nearly all cases reported were linked to sexual transmission in the UK, predominantly affecting MSM. Most Shigella strains are multidrug resistant and strains associated with sexual transmission can exhibit resistance to antimicrobials commonly used to treat gastrointestinal infections.

**What GPs should consider** We want to raise awareness of Shigella that may have been acquired by sexual transmission with patients and health care professionals alike, to help to prevent the further spread of this infection. If you recognise these symptoms in your patients, and feel your patients may have been at risk, please:

- Send a patient stool culture to local hospital laboratory for Shigella testing.
- The AMR profile is particularly important as it will inform antimicrobial prescribing decisions
- Contact your local Health Protection Teams / Sexual Health department for advice, if needed.
- Suggest to the patient a full sexual health check-up, including an HIV test.

**Please circulate this letter to relevant healthcare professionals in your practice and find links and an attached a summary page on Shigella and its management .**

**There is a free online webinar on June 29<sup>th</sup> 1-2pm** Register:

[https://terrencehigginstrust.zoom.us/webinar/register/WN\\_fuU2Sta\\_TMyGioqEP6EGVA](https://terrencehigginstrust.zoom.us/webinar/register/WN_fuU2Sta_TMyGioqEP6EGVA)

**Here are links to publicity information and awareness material :**

<https://www.sexwise.org.uk/stis/shigella>

<https://www.gov.uk/government/collections/shigella-guidance-data-and-analysis>

<https://www.tht.org.uk/hiv-and-sexual-health/sexual-health/stis/shigella>

Yours sincerely

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Cc: Directors of Public Health in London  
Cc: Sexual Health Clinics in London

# Shigella

## Signs and symptoms of shigella infection

- Common symptoms include bloody diarrhoea, abdominal cramps lasting more than 48 hours (often with blood and mucous in it) , fever and vomiting
- Symptoms usually start within four days of getting infected and are often mistaken for food poisoning
- These can range from mild and self-limiting to severe
- Individuals with severe infection may be hospitalised Repeat infections are common in immunocompromised individuals
- It is highly infectious, and a tiny number of bacteria can cause severe symptoms

## Management and prevention advice

- A stool sample will confirm if the infection is Shigella. Diagnosis is important as Shigella can easily be passed on to others on contaminated household surfaces, through food preparation, as well as through sexual contact
- People who work in health or social care or whose work involves preparing or serving food should stay away from work until their illness has resolved for 48 hours

## When to test for shigella?

- If diarrhoea persists for more than 3 days
- If blood in the diarrhoea
- If high fever
- If cramping and abdominal pains become severe and constant
- If patient has a weakened immune system e.g. HIV infection, cancer, medication like steroids or chemotherapy, older age, or immunosuppression due to any other reason

## How soon can patient have sex again?

- Advise them to wait to have any sex (vaginal, digital, anal or oral) for one week after diarrhoea has subsided because Shigella bacteria may remain in faeces for several weeks.
- Once symptoms have resolved, the guidance is to follow safe sexual practices, or ideally avoid having sex, for several weeks after recovery.

## Other advice

Wash hands frequently using warm water and soap, including after using the toilet and before eating or preparing food.

Whilst the patient is ill and for a week after their last symptom they must **avoid**:

- preparing food for other people
- sharing towels (use separate towels at home, and clean all taps, door handles, toilet handles, levers and seats with hot soapy water frequently)
- shared spas/jacuzzis/hot tubs (you might contaminate the water and infect others)
- swimming

## How to protect from shigella and other sexually transmitted infections?

- Use external condoms or internal condoms every time you have vaginal or anal sex
- For oral sex, use a condom to cover the penis, or a latex or polyurethane (soft plastic) square to cover the anus or female genitals
- Avoid sharing sex toys. If you do share them, wash them or cover them with a new condom before anyone else uses them