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PUBLIC HEALTH ADVISORY

To: Health Care Providers
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Recommendations for Diagnosis of and Prevention of Shigellosis

Summary
The purpose of this HAN is to remind medical providers across Maine of recommendations for diagnosis and prevention of Shigellosis. The HAN includes diagnosis, testing, and patient education recommendations for clinicians, and *Shigella* reporting requirements for medical providers and clinical laboratories. It also provides information on a *Shigella* cluster currently being investigated by the Maine Center for Disease Control and Prevention (Maine CDC).

Background
Shigellosis (*Shigella* infection) is an acute enteric infection. Symptoms include diarrhea that can be bloody, fever, abdominal cramping, and tenesmus. Most people require only supportive care and fluid replacement, but antimicrobial agents may be indicated to shorten the duration of illness or reduce the likelihood of transmission. Shigellosis is transmitted through the fecal-oral route, directly through person-to-person contact including sexual contact, and indirectly through contaminated food, water, and other routes. Transmission can occur through direct sexual contact, such as oral or anal sex, or through indirect sexual contact, including handling contaminated objects, such as sex toys, used condoms or barriers, and douching materials. *Shigella* bacteria are easily transmitted because of the low infectious dose (as few as 10-100 organisms).

The Maine CDC is currently investigating a cluster of seven shigellosis cases in Cumberland, Kennebec, and Androscoggin County residents. In the past five years the median number of annual shigellosis cases was 11. So far in 2025 there have been 22 cases (preliminary data as of November 19, 2025). Symptom onset dates for these seven cases were in September through November. Many of the infected persons report male to male sexual contact. Laboratory testing performed at the Maine Health and

Environmental Testing Laboratory (HETL) indicates three of the isolates from this cluster are genetically similar. Three of the cases also have *Shigella* isolates showing similar antimicrobial resistance. The other cases did not have isolates available for culture and genetic sequencing. The Maine CDC investigates all reported shigellosis cases, assesses possible links to other cases, and makes recommendations for prevention of transmission to others.

In early 2023, the U.S. Centers for Disease Control and Prevention (U.S. CDC) reported an increase in antimicrobial-resistant *Shigella* infections among adult populations, especially gay, bisexual, and other men who have sex with men (MSM), people experiencing homelessness, international travelers, and people living with HIV. As noted in this 2023 Maine Health Alert to medical providers, the U.S. CDC has been monitoring an increase in extensively drug resistant (XDR) *Shigella* infections. In 2022, about 5% of *Shigella* infections reported to U.S. CDC were caused by XDR strains, compared to 0% in 2015.

Recommendations for Clinicians

Diagnosis and Testing

- Consider shigellosis in patients presenting with acute diarrhea, especially patients at higher risk for *Shigella* infection.
- When ordering diagnostic testing for *Shigella*, stool culture is preferred for patients who require antimicrobial treatment.
    - If a culture-independent diagnostic test (CIDT) is performed instead of culture and the presence of *Shigella* bacteria is detected, add a request on the sample submission paperwork that the clinical laboratory perform reflex culture.
    - If a culture is positive for *Shigella*, order antimicrobial susceptibility testing (AST) to inform antimicrobial selection.
- Ask patients about relevant exposures and social history, including sexual activity. If there is concern for sexually transmitted infections (STIs), order testing for HIV, syphilis, gonorrhea, and chlamydia. When taking a sexual history, consider the "five Ps"
    - **Partners**: number and gender of sex partners, any new partners, partners' risk factors
    - **Practices**: body sites of sexual contact, drug use, meeting partners online, exchanging sex for needs (money, housing, drugs, etc.)
    - **Protection from STIs**: prevention methods used, frequency of use, history of vaccinations for hepatitis A virus, hepatitis B virus, and mpox, use of HIV pre-exposure prophylaxis (PrEP), use of doxycycline post-exposure prophylaxis (DoxyPEP)
    - **Past History of STIs**: history of testing for STIs, history of diagnosis or treatment for STIs, signs and symptoms, current or former partners diagnosed with or treated for STIs
    - **Pregnancy Intention**: interest in having children in the future, interest in preventing pregnancy, current practices for preventing pregnancy

Patient Education

Patients with confirmed or suspected shigellosis should be counseled about measures they can take to keep themselves and others healthy, including:

- If you attend school or work in health care, food service, or child care, stay home while sick or until the Maine CDC says it's safe to return.
- During diarrhea and for 2 weeks after it ends,
    - Abstain from sex (anal, oral, penile, or vaginal).
    - Wash hands often with soap and water for at least 20 seconds, including at key times such as after using the toilet, before and after changing diapers, cleaning up after someone who is sick, and before preparing or eating food.
    - Do not prepare food for others, if possible.

    - Stay out of recreational water, including swimming pools, hot tubs, water playgrounds, oceans, lakes, and rivers.
- Closely follow safer sex practices for at least 2 weeks after resuming sex to prevent the spread of *Shigella* bacteria that may remain in stool
    - Wash hands, genitals, and anus with soap and water before and after sexual activity.
    - Wash hands after touching sex toys, external and internal condoms, dental dams, and any other items that might have been in contact with the vagina or anus.
    - Use condoms or dental dams during oral-genital sex and oral-anal sex.
    - Use latex gloves during anal fingering or fisting.
    - Wash sex toys with soap and water after each use.
- If the patient has ongoing risk of exposure to STIs, prescribe or refer the patient to other prevention services, including:
    - HIV pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP)
    - Doxycycline post-exposure prophylaxis (DoxyPEP) for prevention of bacterial STIs
    - Recommended vaccinations, including for mpox, hepatitis A virus, and hepatitis B virus

Reporting

- Shigellosis is a reportable condition. Health care professionals and clinical laboratories should report cases and positive laboratory results to the Maine CDC. Disease reports should be made through electronic laboratory reporting.
- All *Shigella* isolates and specimens are required to be sent to the Maine Health and Environmental Testing Laboratory.
- Health care professionals should consult the Maine CDC for guidance on when patients may return to child care, school, or work.

Resources

- Maine CDC Food Related Illnesses, including shigellosis: https://www.maine.gov/dhhs/mecdc/healthy-living/health-and-safety/food-safety/food-related-illnesses
- U.S. CDC Preventing *Shigella* Infection Among Sexually Active People: https://www.cdc.gov/shigella/prevention/preventing-shigella-infection-among-sexually-active-people.html
- U.S. CDC *Shigella* Infection Among Gay, Bisexual, and Other Men Who Have Sex with Men Handout: https://www.cdc.gov/shigella/pdf/msm-factsheet-508.pdf
- Increase in Extensively Drug-Resistant Shigellosis in the United States: https://www.maine.gov/dhhs/mecdc/sites/maine.gov.dhhs.mecdc/files/health-professionals/advisories/2025-03-/775_10533668_2023PHADV007DrugResistantShigellosis.pdf
- Maine CDC Disease Reporting: https://www.maine.gov/dhhs/mecdc/health-professionals/disease-reporting