Cabinet Secretary



## **NEW MEXICO HEALTH ALERT NETWORK (HAN) ADVISORY**

## Ongoing Drug-Resistant Shigella Infections in Albuquerque Area

Providers should perform susceptibility testing and may treat with Azithromycin to ensure appropriate treatment in patients with Shigella infections.

February 27, 2023

The New Mexico Department of Health (NMDOH) is working to control a *Shigella* outbreak that has been ongoing since May 2021. Almost all (99%) of tested samples have had genomic patterns which confer resistance to floroquinolones, the class of antibiotics commonly used to treat Shigella infections. The outbreak continues to occur predominantly, but not exclusively, in people experiencing homelessness. Drug-resistant Shigella infections are increasing nationwide: <a href="Health Alert Network">Health Alert Network</a> (HAN) - 00486 | Increase in Extensively Drug-Resistant Shigellosis in the United States (cdc.gov).

Illness is characterized by diarrhea, sometimes with fever, malaise, nausea, vomiting and cramps. Stools typically contain blood and mucus, although mild infections consisting only of watery diarrhea may also occur. Illness is usually self-limited, lasting an average of 4-7 days although severe infections may occur in young children, the elderly, and in persons with poor nutritional status. Outbreaks commonly occur in conditions of crowding or poor sanitation.

Shigella is found in the stool (feces) of infected people and infected people can continue to shed Shigella bacilli for up to four weeks after symptoms have resolved. People become infected by direct or indirect fecal-oral transmission from an infected person, via:

- Person to person contact
- Contact with a contaminated object
- Eating food or drinking liquids prepared by infected food handlers
- Sexual contact

Antimicrobial therapy is effective for shortening the duration of diarrhea and eradicating the organism from feces. Given the observed drug resistance in this outbreak, clinicians should perform antimicrobial susceptibility testing to ensure appropriate treatment for patients with Shigella infection. Clinicians should treat people experiencing homelessness with azithromycin and may consider either azithromycin or Ciprofloxocin in other populations. Treatment should be used in patients with severe symptoms. For patients with mild illness, treatment may be indicated to prevent the spread of the organism. Antimicrobial therapy should be administered for five days. Use of anti-motility or antidiarrheal medications are discouraged in adults.

For more information on Shigella, please visit the NMDOH Shigella webpage or the CDC Shigella website.

(Shigella (nmhealth.org))

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