Dysentery/Shigella

Shigellosis, also called bacillary dysentery, (dysentery caused by bacteria) is caused by four species: Shigella dysenteriae, Shigella flexneri, Shigella boydii and Shigella sonnei. Bacillary dysentery is mostly a human disease, often acquired by drinking water contaminated with human faeces or by eating food washed with contaminated water. Illness, which can result following the ingestion of 10-100 cells, is common amongst young children although infection occurs in all ages after travel to areas where hygiene is poor. Illness is characterised by diarrhoea, sometimes with blood and mucus. Invasive disease is rare but extra intestinal complications (e.g. Haemolytic Uraemic Syndrome) can occur.

**Incubation period**
1 to 7 days.

**Common clinical features**
Bloody diarrhoea, S. sonnei generally mild but more severe in other types of Shigella.

**Reservoir**
Human gastrointestinal tract.

**Transmission**
Faecal oral from cases with diarrhoea, in households and institutions, mainly those containing young children. Occasionally spread by food and water. Faecal oral transmission means that hands become contaminated during a visit to the toilet, and subsequent hand washing is insufficient. At some later point, there is hand to mouth contact allowing the illness to spread. This contact may be direct, or could be via a vehicle such as the toilet door handle, toilet flush, sink taps and so on.

**Other relevant features**
S. sonnei is endemic in England and Wales and usually causes a mild illness. S. boydii and S. dysenteriae, and most S. flexneri infections, originate outside the UK and present clinically as dysentery (diarrhoea with blood, mucus, and pus). S. dysenteriae may be associated with serious disease, including toxic megacolon and the haemolytic uraemic syndrome. You should stay off work until you are feeling well and your diarrhoea has stopped for 48 hours. In some case microbiological clearance is required before returning to work.