

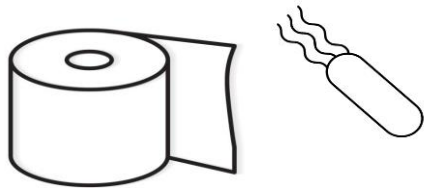
Shigella sonnei: a resource for sexual health & HIV services

Dr Laura Waters, Consultant Physician, CNWL, on behalf of the British HIV Association

Dr Daniel Richardson, Consultant Physician, Brighton, on behalf of the British Association of Sexual Health & HIV

Dr Gauri Godbole, Consultant Medical Microbiologist & Parasitologist, on behalf of UK Health Security Agency

THINK SHIGELLA!



Shigella can be sexually transmitted
Take a sexual history
+/- Refer for STI screen



Consider *Shigella* in patients with diarrhoea, especially bloody, and/or proctitis
Send stool for bacterial PCR/culture in all symptomatic MSM



There's an XDR *S.sonnei* outbreak in the UK
Do not treat outpatients with antibiotics unless persistent & discuss with microbiology

Inform your local primary care networks & EDs
Notify cases to local Health Protection Teams
for enhanced UKHSA surveillance



Content

[Aims of slides](#)

[Background](#)

[Current UK situation](#)

[Ineffective 1st line antibiotics](#)

[Clinical presentation](#)

[Management](#)

[Treatment](#)

[Key messages](#)

[Actions for SH services](#)

[Further reading](#)

[THINK SHIGELLA](#)

Aim

- Goals of this slide set:
 - To support Sexual Health & HIV services to educate their local teams & networks about the management of shigellosis
 - To combine available information in a single resource
- Please check the latest UKHSA advice

Background

- There are 4 *Shigella* species that cause diarrhoeal illness (shigellosis or bacillary dysentery)
 - *S. sonnei*
 - *S. flexneri*
 - *S. boydii*
 - *S. dysenteriae*
- } Endemic in UK, can also cause travel-associated diarrhoea
Outbreaks linked to sexual transmission in MSM
- } Not endemic in UK, travel-associated diarrhoea

Most cases have self limiting gastroenteritis and do not require antimicrobial treatment

Current UK situation

- Increase in *XDR Shigella sonnei* in men in the UK
 - n=41 01/09/2021-17/01/2021, 95% in men, mainly London
 - WGS: t10.377 cluster (large, MDR cluster in MSM since 2018; but very little activity between March 2002 and August 2021)
 - **RESISTANCE MARKERS AGAINST:**
 - **macrolides, fluroquinolones, aminoglycosides, sulphonamides, trimethoprim and tetracyclines**
 - most recent strains from carry *bla*_{CTX-M-27} associated with ESBL production) = **ceftriaxone** resistance

Put simply:

1st line agents such as:

- Quinolones
- Macrolides (Azithromycin)
- Ceftriaxone
- Aminoglycosides (Gentamicin)

Will not be effective for this outbreak strain

Clinical presentation

- Can be asymptomatic
 - 26% in a recent study of MSM in Australia¹
- Diarrhoea, typically containing blood &/or mucus
- Anorectal pain
 - 86% in symptomatic MSM vs 21% reporting diarrhoea¹
- Tenesmus
- Abdominal cramps
- Nausea/vomiting
- Fever

Management

- Sexual history (particularly adult men) & travel history
- Notify local Health Protection Team (consider occupation)
 - <https://www.gov.uk/guidance/contacts-phe-health-protection-teams>
- Enhanced surveillance questionnaire
 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/666166/Shigellosis_interim_enhanced_surveillance_questionnaire.docx
- Hygiene, isolation & symptom management as per NHS guidance: <https://www.nhs.uk/conditions/dysentery/>

Treatment

- **Not required for most**
 - Most well enough for outpatient management do not need treatment unless persistent (diarrhoea >7 days)
- **Antibiotics required for**
 - Severe symptoms (fever, bloody diarrhoea, sepsis)
 - People requiring hospital admission
 - People with underlying immunodeficiency

Treatment for XDR *S. sonnei* (t10.377)

Discuss with microbiology as several different *Shigella* strains with variable antibiotic susceptibility endemic in MSM

- Oral
 - Chloramphenicol
 - Mecillinam,
fosfomycin (off
label, uncomplicated*
only)
- Intravenous (1st choice
for severe illness or in
those who are
immunocompromised)
 - Ertapenem
 - Meropenem



*e.g. prolonged diarrhoea

Key messages

- *Shigella* can be sexually transmitted
- Take a sexual history in people presenting with an acute diarrhoeal illness
- Confirmed *Shigella* in adult men warrants a full STI screen
- Must send stool samples for microbiology for bacterial PCR/culture
- Do not treat unless clinically indicated & always send a stool sample first
 - Very limited treatment option for XDR *S. sonnei*, discuss with microbiology

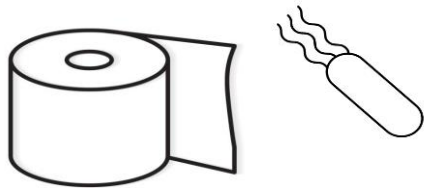
Actions for SH & HIV services

- Encourage use of patient information in appropriate services:
<https://www.gov.uk/government/publications/shigella-leaflet-and-poster>
- Signpost patient advice: <https://www.sexwise.org.uk/stis/shigella>
- Liaise with local primary care networks, EDs, ID & acute medicine teams to raise awareness & promote local referral routes
 - Please use these materials!
- BASHH disseminated UK HSA advice in December 2020
 - Please share

Further reading

- Public health operation guidelines on Shigellosis
 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/666157/PHE_interim_public_health_operational_guidelines_for_shigellosis.pdf
- Chow et al: non-classical pathogens & proctitis in MSM
 - <https://academic.oup.com/ofid/article/8/7/ofab137/6178933>
- BASHH-disseminated UK HSA alert
 - https://mcusercontent.com/34a6e1d119a7dd8e6d04d1611/files/b19f5936-e2e7-0fc2-2784-4caad71d5657/XDR_S_sonnei_Note_to_BASHH_Dec_2021_final_2_.pdf

THINK SHIGELLA!



Shigella can be sexually transmitted
Take a sexual history
+/- Refer for STI screen



Consider *Shigella* in patients with diarrhoea, especially bloody, and/or proctitis
Send stool for bacterial PCR/culture in all symptomatic MSM



There's an XDR *S.sonnei* outbreak in the UK
Do not treat outpatients with antibiotics unless persistent & discuss with microbiology

Inform your local primary care networks & EDs
Notify cases to local Health Protection Teams
for enhanced UKHSA surveillance





UK Health
Security
Agency



BHIVA
British HIV Association



Thank you