



## INFECTIOUS DISEASES HEALTH UPDATE

### Guidance for the management of multi-drug resistant *Shigella*

#### KEY POINTS

- **Multi-drug (MDR)** and **extensively drug (XDR) resistant** shigellosis is increasing in Western Australia (WA), with half of locally acquired cases occurring among men who have sex with men (MSM).
- In metropolitan and regional WA, where empirical antibiotics for shigellosis cases are clinically indicated, discuss with a clinical microbiologist or infectious diseases physician in case of MDR strain risk.
- In remote areas, MDR *Shigella* remains low; antibiotic treatment is recommended to prevent transmission.
- Clinical guidelines for the management of MDR and XDR *Shigella* have been updated accordingly:
  - [Guidance for the management of MDR \*Shigella\* infections \(Shigellosis\) in WA](#)
  - [Guidance for the management of \*Shigella\* infections \(Shigellosis\) in remote populations of WA](#)

#### Epidemiology

- MDR *Shigella* strains are resistant to three or more antibiotic classes, whereas XDR strains are resistant to **all** antibiotics usually recommended for the treatment of *Shigella*.
- MDR *Shigella* cases have increased in WA with five cases in 2022, 10 cases in 2023 and 52 cases in 2024 year to date. The majority are locally acquired, residing in metropolitan Perth with half of these cases occurring among MSM.
- In remote regions, *Shigella* strains remain susceptible to all antibiotics. Shigellosis rates are five times higher than in non-remote regions. In remote areas, the highest rates are in Aboriginal people.

#### Signs and symptoms

- Symptoms of shigellosis include diarrhoea (with or without blood or mucous), fever, vomiting and abdominal cramps.
- *Shigella* can be shed in the stools for up to 4 weeks after symptoms resolve. This poses a high risk for ongoing person-to-person transmission, particularly where there is crowding and poor sanitation.

#### Laboratory testing

- If bacterial gastroenteritis is suspected, request stool microscopy, culture and sensitivities.
- Stool culture is required, as PCR testing cannot determine antibiotic resistance.

#### Management of cases

- Most people with shigellosis will require only supportive care and fluid replacement, although treatment may be required if clinically indicated or in remote areas.
- Treatment of shigellosis cases in **metropolitan** and **regional** areas of WA (i.e. non-remote areas):
  - for **non-MDR/XDR** shigellosis, refer to the *Therapeutic Guidelines: Antibiotic*
  - for **MDR/XDR** shigellosis, refer to [Guidance for the management of MDR \*Shigella\* infections in WA](#)
  - for shigellosis cases where MDR/XDR status is **unknown**, but who report MSM exposure and have ongoing diarrhoea that may require treatment, discuss treatment options with an infectious diseases physician or clinical microbiologist.
- Treatment of shigellosis cases in **remote** areas of WA:
  - refer to [Guidance for the management of \*Shigella\* infections in remote populations of WA](#)
  - most *Shigella* strains in remote areas of WA are non-MDR
  - empirical antibiotic treatment is recommended for confirmed *Shigella* cases from remote Aboriginal communities to prevent ongoing transmission and reduce the risk of severe infection.
- Discuss transmission prevention with patient and/or carer as per the guidelines.

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