Shigella dysentery: important information



What are Shigella infections?

Dysentery is a type of infection that can cause very severe diarrhoea. It's usually passed on through poor hygiene. There are two main types: bacillary dysentery, which is more common, and amoebic dysentery.

Bacillary dysentery is most common in the UK and is caused by a bacterium called Shigella, of which there are four species:

- Shigella sonnei (most common cause of dysentery in the UK)
- ❖ Shigella flexneri
- Shigella dysenteriae
- Shigella boydii

The shigella organism enters the body through the mouth and then multiplies in the bowel, which produces a range of symptoms. The disease is sometimes called shigellosis. The time taken from coming into contact with the germs until the illness starts) is usually 1-3 days, but can be up to a week.

What are the symptoms?

Most people in the UK who have shigellosis only have mild symptoms and may not even visit a GP as the condition can settle within a few days. Severe infections are more common if you're travelling abroad, and in some cases, dysentery can be fatal if not treated.

Symptoms of bacillary dysentery usually begin within one to three days of infection and can last from three to seven days. The symptoms could include:

- watery diarrhoea, sometimes containing blood, mucus or pus in severe cases
- feeling sick and vomiting
- abdominal pain
- fever
- feeling down or depressed

How is it passed on?

Shigellosis is spread from person to person through poor hygiene measures, for example not washing your hands thoroughly after using the toilet. In the UK, most cases are spread through families and where people are in close contact, such as schools, nurseries, military bases and day-centres.

Dysentery is also spread through food that has come into contact with water contaminated with human sewage, such as in countries with poor sanitation systems. This is why more severe dysentery is more common in developing countries, where water supplies and sewage disposal are inadequate or where human faeces are used as a fertilizer.

If you have diarrhoea that contains blood or mucus you should see your GP. Tell them if you have been abroad.

How should it be managed?

Diagnosis is made by testing a stool sample to see if the bacteria that cause dysentery are present. Further investigations, such as an ultrasound may be used if dysentery has caused further problems such as an ulcer.

If you have diarrhoea and vomiting, it's very important to drink plenty of fluids to replace those lost and stop you getting dehydrated. Water, fruit juice and isotonic (sports) drinks that replace salts and minerals are best. In severe cases, fluid can be given by intravenous drip at a hospital if required.

Since most cases of dysentery are short, antibiotics are only used if the dysentery doesn't clear up on its own. Antibiotics can also be used to stop the spread of dysentery to other people if there is a high risk.

Young children and babies who have dysentery can quickly become dehydrated. Its very important make sure they get plenty of fluids to replace those lost, or dysentery can be fatal.

Dysentery is spread because of poor hygiene measures. To minimise the risk of catching the disease you should:

- wash hands after using the toilet and regularly throughout the day, particularly after coming in contact with an infected person
- ❖ keep contact with an infected person to a minimum
- avoid sharing towels and facecloths
- wash the laundry of an infected person on the hottest setting possible
- wash your hands before handling, eating or cooking food, handling babies and feeding the young or the elderly

Avoid drinking tap water in countries with poor sanitation systems or that are known to carry waterborne infections. Avoid ice cubes, and salad and vegetables that have been washed in local tap water as well.

A child with dysentery shouldn't return to school until 48 hours after symptoms have stopped. An adult with dysentery should avoid work and get advice from their organisation before returning to work if they are employed in a food or healthcare environment.

Need further advice or information?

- ❖ NHS Inform www.nhsinform.co.uk
- ♦ NHS24 111 www.nhs24.co.uk
- www.nhsborders.scot.nhs.uk
- Local health clinic or GP

This document is available on request in different languages, audio tape, Braille format, large print or BSL DVD. Please contact:

NHS Borders on 01896 825522 or email equality@borders.scot.nhs.uk

Produced by: Public Health Dept, NHS Borders, Education Centre, Borders General Hospital, Melrose, TD6 9BD, 01896 825560

June 2014