



## Department of Health

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TO: Healthcare Providers, Clinical Laboratories, Hospitals, Nursing Homes, Healthcare Facilities, and Local Health Departments

FROM: NYSDOH Bureau of Communicable Disease Control

**INFORMATIONAL MESSAGE:  
UPDATE ON CIPROFLOXACIN- AND AZITHROMYCIN-NONSUSCEPTIBLE SHIGELLOSIS**

Please distribute to the Chief Medical Officer, Infection Control Department, Infectious Disease Department, Director of Nursing, Emergency Department Director, Primary Care Clinic Directors, Director of Risk Management/Quality Improvement, Director of Pharmacy, and all patient care areas.

This informational message updates and expands on information contained in a Health Advisory issued by the Centers for Disease Control and Prevention on June 4, 2015. The advisory was retransmitted by NYSDOH on June 5 and can be found at

[https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/Notification\\_18669.pdf](https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/Notification_18669.pdf)

In NYS (excluding NYC), there are approximately 200–400 cases of Shigella identified each year. Young children and gay, bisexual, and other men who have sex with men (MSM) are at increased risk. Travelers to developing countries are also more likely to get shigellosis, and to become infected with resistant strains. HIV-infected persons can experience more severe and prolonged illness, often with bloodstream spread.

In addition to the more common ampicillin and trimethoprim-sulfamethoxazole resistant Shigella strains, NYSDOH has received reports of infections that are resistant to ciprofloxacin and/or azithromycin. Additionally, several isolates submitted by NYSDOH from the western part of the State to the National Antimicrobial Resistance Monitoring System (NARMS) identified a strain resistant to all oral antibiotics except ciprofloxacin, a resistance phenotype which has not been seen in the United States before.

NYSDOH recommends that clinicians in all areas of the State:

- Obtain stool cultures from patients suspected of having shigellosis and request susceptibility testing. Base treatment for shigellosis, when needed, on the antimicrobial susceptibility profile of the individual isolate.
- Counsel shigellosis patients about the importance of meticulous handwashing after using the toilet, and avoiding activities most likely to transmit the infection to others, such as preparing food for others, swimming, group play among young children, and certain sexual activities (e.g., anal rimming or fisting).

- Recommend symptomatic contacts of shigellosis patients, particularly those suspected to have a multidrug-resistant strain, seek health care and testing.
- For shigellosis patients with treatment failure or prolonged diarrhea, obtain follow-up stool cultures at short intervals (e.g. twice per week) until the patient has a negative culture. Shedding of multidrug-resistant shigella in feces may be prolonged, particularly if the patient was treated with an antimicrobial medication to which the isolate was resistant. Confirming clearance of shigella from stool will allow more accurate counseling about the timelines appropriate for return to higher-risk activities.
- Report all cases of shigellosis and resistance phenotypes to their local health department. Requests for additional testing at the NYSDOH's Wadsworth Center Public Health Laboratory or via NARMS may be made by contacting your local health department or the NYSDOH Bureau of Communicable Disease Control at 518-473-4439.