Travancore Medical College Hospital
A Unit of Quilon Medical Trust

NABH ACCREDITED

JULY 2026
HIPC NEWSLETTER

In This Issue

Important Dates

| World Hand Hygiene Day- May 5th
| Global Hand washing day –October 15th
| AMR Awareness Week-18-24 November
| International Infection Prevention Week –Every 3rd Week Of October

Guideline Updates Quick Links

·https://www.google.com/search?sca_esv=7e94c3f16104a63f&rlz=1C1VDKB_enIN1059IN1059&sxsrf=APpeQnsgq1fp0drbSUw9uZs3f8hDU_nz_w%3A1783416642929&q=SHIGELLOSIS+ACCORDING+TO+CDC&source=lnms&fbs=ABfTbFVyMZGZf1hfvX9uKjN_-G8c4u0nXx4bEIpwm1InNH832X6CeY5aSHvaPXpohaS1ddtqcsNdvdFQYhx7dGKKogyXCf

SHIGELLOSIS

INTRODUCTION

Shigella bacteria cause an infection called shigellosis. It is a dysenterial illness which is characterized by frequent passage of blood stained mucopurulent stools.The genus shigella exclusively infects human intestine.

DEFINITION

Shigellosis is an infectious disease caused by Shigella bacteria. It is an acute gastrointestinal illness characterized by variable severity, presenting with diarrhea (often bloody or mucoid), fever, nausea, abdominal cramps, and tenesmus (a painful, constant feeling of needing to have a bowel movemen

TYPES

Shigellosis is categorized into four main species (serogroups) of Shigella `bacteria:

- **Shigella dysenteriae (Group A):** The most dangerous type; it causes dysentery, produces deadly toxins, and can be fatal if left untreated.
- **Shigella flexneri (Group B):** Endemic in developing countries and a frequent cause of diarrhea globally.
- **Shigella boydii (Group C):** Less common, typically seen in areas with fewer healthcare resources.
- **Shigella sonnei (Group D):** The most common species , usually causing mild, watery diarrhea, through highly drug-resistant strains are on the rise.

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SIGNS AND SYMPTOMS

Symptoms usually start 1–2 days after infection and last 7 days. Most people with shigellosis experience:

STAGE-1 INCUBATION PERIOD (1-4 Days)

The symptoms include fever,malaise,anorexia,and vomiting without evidence of mucosal invasion.

STAGE-2 INITIAL PHASE (SMALL INTESTINE COLONIZATION)

Bacteria multiply in the small intestine within the first 12 hours,mediated by an enterotoxin that causes profuse watery diarrhea.

STAGE-3 (PHASE OF DYSENTERY)

It characterized by frequent passage of bloody,mucopurulent stools accompanied by increased straining and abdominal cramps.

STAGE-4(PHASE OF COMPLICATION)

Multisystem impacts

Intestinal issues-Toxic megacolon,rectal prolapsed,intestinal perforation

Metabolic shifts-Hypoglycemia,hyponatremia.

Ekiri syndrome-A severe metabolic complication manifesting as altered consciousness,seizures,delirium and cerebral edema.

STAGE- 5 (POSTINFECTIOUS PHASE)

Reactive arthritis,occular inflammation and urethritis.

MODE OF TRANSMISSION

Shigella spreads easily; swallowing just a small amount of Shigella germs can make you sick.

Shigella can spread from one person to another or through contaminated water and food.

RISK FACTOR

Some groups of people are more likely to get sick with shigellosis than others.

- Children younger than 5 years old are the most likely to get shigellosis, but people of all ages can get the disease.

- Travelers to places where water and food may be unsafe and sanitation is poor are more likely to get a Shigella infection

- Demographics;Individuals residing or spending time in close quarters environments- such as child care centers schools nursing homes etc..

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DIAGNOSIS

- **Stool Testing (Culture):** A fresh stool (poop) sample is submitted for laboratory analysis. The CDC notes that stool samples are superior to rectal swabs for isolating and culturing the bacteria.

- **Microscopic Analysis:** Up to 70% of stool samples from patients with shigellosis will reveal fecal leukocytes (white blood cells) and blood.

- **Antimicrobial Susceptibility Testing:** Due to the emergence of extensively drug-resistant (XDR) Shigella strains, the CDC strongly advises clinicians to perform susceptibility testing on isolates, particularly if treatment failures are suspected.

COMPLICATION

While shigellosis usually resolves within a week, severe cases can lead to dangerous complications. The primary complications include:

- **Severe Dehydration:** Significant loss of fluids and electrolytes due to prolonged or bloody diarrhea.

- **Hemolytic Uremic Syndrome (HUS):** A serious condition affecting blood vessels and kidneys, often triggered by Shigella dysenteriae type 1

- **Seizures:** A common neurological complication seen primarily in young children.

- **Reactive Arthritis:** Painful joint inflammation that can develop following the infection.

- **Bloodstream Infections:** Bacteria entering the blood, which can lead to life-threatening conditions (through this is rare).

- **Intestinal Complications:** In severe instances, rare conditions like toxic megacolon, proctitis, or rectal prolapse can occur.

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TREATMENT

Managing shigellosis relies on the following protocols:

1. Supportive Care (Primary Treatment)

- Hydration: Replenish lost fluids and electrolytes. Oral rehydration solutions are typically sufficient for most cases. Intravenous (IV) fluids may be required for severe cases.

2. Antibiotic Therapy

The CDC recommends not to routinely prescribe antibiotics for mild cases in otherwise healthy adults, as it can contribute to antimicrobial resistance. However, antibiotics are strongly recommended for:

- Patients with severe disease or complications.
- Immunocompromised individuals.
- People who work in high-risk environments (e.g., food handlers, childcare providers, or healthcare workers).
- Infants and older adults.

Recommended Antibiotics:

- Ciprofloxacin;15mg/kg,Q12H PO
- Ceftriaxone;50-100mg/kg Q24H,IM in severely ill patient
- Azithromycin ;50-100mg/kg Q24H,PO Rapid emergence of resistance limits its use.

INFECTION PREVENTION AND CONTROL

- **Hand Hygiene:** Wash hands with soap and water for at least 20 seconds, especially after using the bathroom, changing diapers, and before eating or preparing food. Supervise small children during handwashing.

- **Safe water and sanitation:** Provide access to safe drinking water,proper sewage disposal,and adequate sanitation facilities to prevent fecal contamination.

- **Contact precautions in healthcare settings:** Isolate suspected or confirmed cases where feasible,use gloves and gowns during patient care,,and maintain dedicated toilet facilities.

- **Environmental cleaning and disinfection:** Regularly clean and disinfect toilets,patient surroundings,and surfaces contaminated with fecal material.

- **Fecal disinfection :** 0.5% Available chlorine (5,000ppm) compounds are recommended for disinfection with minimum contact time of 30minutes.

- **Food safety measures:** Maintain proper food handling practices,ensure safe preparation and storage of food and restrict symptomatic food handlers from work until they meet local public health criteria for return

- **Early diagnosis and appropriate treatment:** promote timely laboratory diagnosis and use antimicrobial therapy guided by antimicrobial susceptibility testing when ever possible.

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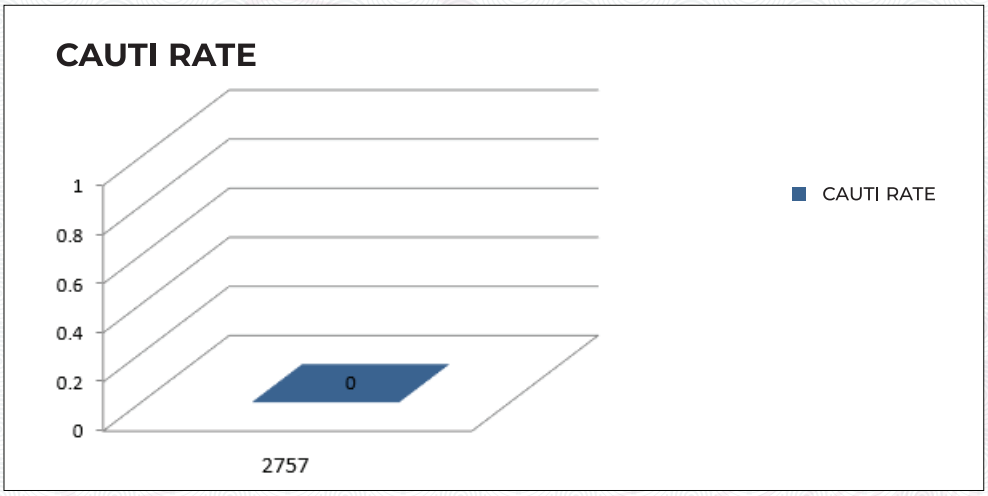
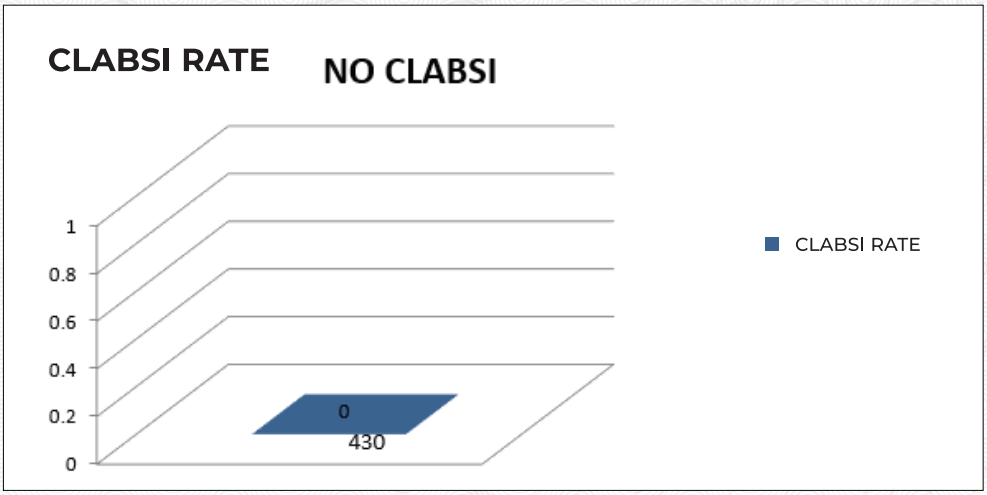
HAI DATA - JUNE 2026

CAUTI RATE - JUNE 2026



CLABSI RATE - JUNE 2026



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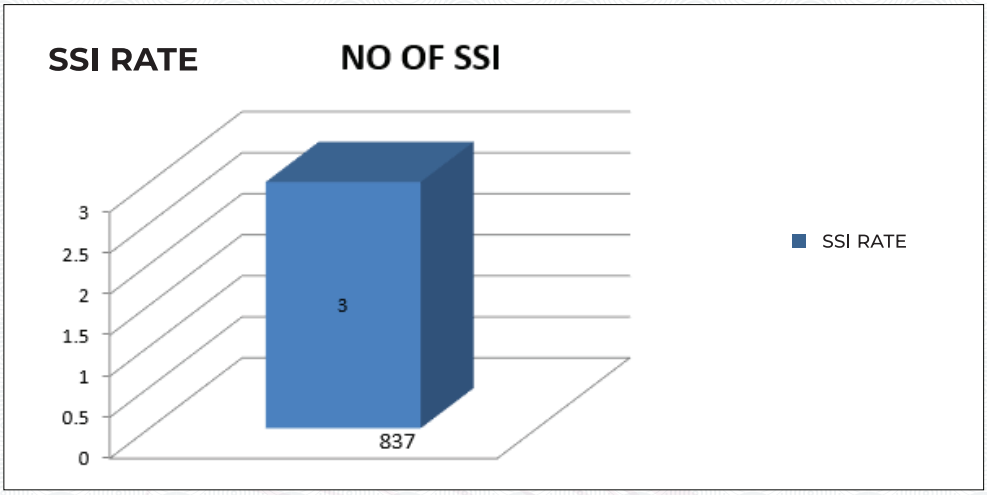
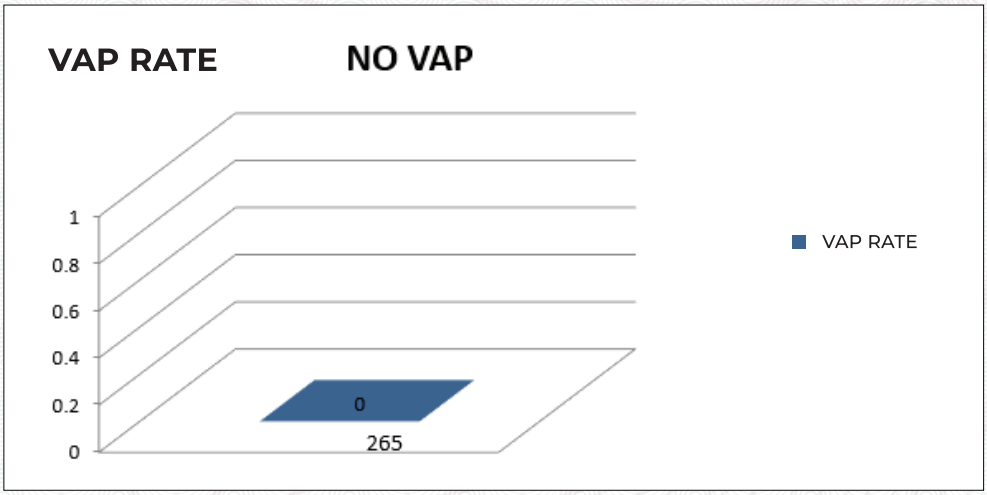
SSI RATE - JUNE 2026



VAP RATE - JUNE 2026



PERCENTAGE OF COMPLIANCE TO HAND HYGIENE- JUNE 2026