November 7th, 2025

Physician and Nurse Practitioner Notification in South Island
Re: Multidrug-resistant *Shigella Flexneri* 2a

A cluster of **multidrug-resistant *Shigella flexneri* 2a** has been identified in Central Island among individuals experiencing unstable housing or with close contact in settings where access to sanitation or hygiene facilities may be limited.

There are 23 cases in Central Island, with 12 admissions, and 1 individual requiring intensive care. Isolates have been resistant to Ciprofloxacin, Ampicillin, Azithromycin, and TMP/SMX.

There have been 3 cases in South Island, with 2 admissions, and 1 individual requiring intensive care. At this time, there is no evidence of ongoing community transmission in South Island. Routine empiric antibiotic treatment for suspected infectious diarrhea is not recommended. These recommendations differ from those for Central Island providers due to differences in transmission dynamics, and clinical guidance may be updated as the situation evolves.

Clinical presentation: Symptoms of Shigella may include diarrhea (watery, mucoid, or bloody), fever, nausea, cramps, and tenesmus. Transmission occurs via the fecal-oral route and may involve contaminated food, surfaces, or sexual contact. The infectious dose is low (10-100 organisms) and environmental measures such as hand hygiene and cleaning are critical interventions.

Clinical Recommendations: Clinicians are encouraged to **consider Shigellosis in the differential diagnosis** of patients presenting with gastroenteritis, particularly **among individuals experiencing unstable housing** or those with close contact in settings where hygiene or sanitation may be limited.

When Shigellosis is strongly suspected and isolation for 48 hours after symptom resolution is not feasible:

- Testing:
    - Obtain stool culture for bacterial enteropathogens (Stool C+S). If stool samples are not feasible, Island Health Labs (https://www.islandhealth.ca/our-services/medical-laboratory-services/medical-laboratory-services) will accept rectal swabs using the COPAN FecalSwab® for PCR. Please indicate rectal swab as the source.
    - Please include "**shigella outbreak**" on the requisition or order.
- Treatment:
    - Routine empiric antibiotic treatment for patients with suspected infectious diarrhea at the population level is **not recommended** at this time as no outbreak has been declared.
    - If antibiotic treatment is clinically indicated, the suggested antibiotic is Ceftriaxone 1g IM x 3 days. Individuals with moderate to severe illness should be referred to a hospital ED for assessment and started on IV Ceftriaxone 5-7 days.
        - **Isolates have been resistant to: Ciprofloxacin, Ampicillin, Azithromycin, and TMP/SMX.**
        - While isolates have shown susceptibility to Cefixime, at this time as no outbreak has been declared, Cefixime is not recommended given the potential for treatment failure and concerns around antimicrobial resistance.

Medical Health Officer – South Island and Cowichan Area
Dr. Melissa Wan 250-519-3406
islandhealth.ca/about-us/medical-health-officers

    - Public health is working on increasing and supporting pathways for IM/IV administration.
- Consider testing of sexual partners if symptomatic.
- Continue to emphasize rigorous hand hygiene and isolation.

Reporting: Suspected cases should be reported to the Communicable Disease Environmental Health Officers at HPES.CD@islandhealth.ca, phone 250-519-3401 or faxed to 250-519-3402.

Questions: During business hours, please contact the local MHO office at the number below. After hours, the MHO-on call can be reached at 1-800-204-6166. MHO newsletters for providers are available at: https://medicalstaff.islandhealth.ca/news

Thank you for your vigilance and continued partnership in reducing the burden of illness and protecting the health of our community.

Yours sincerely,

Dr. Melissa Wan, MD MPH CCFP FRCPC DTM&H
Medical Health Officer, Island Health