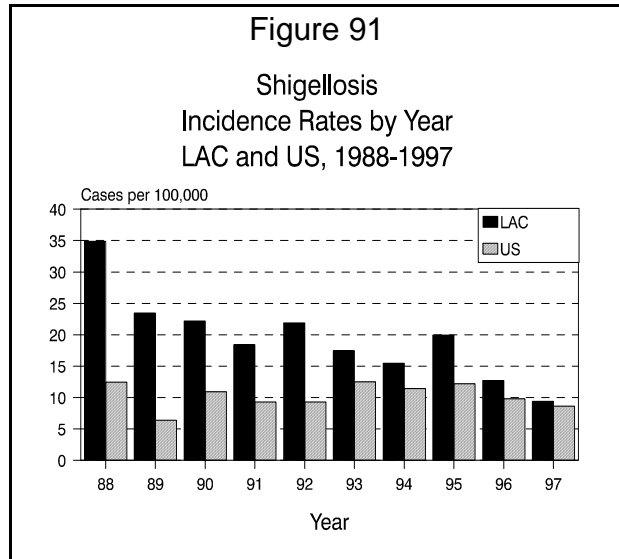


## SHIGELLOSIS

CRUDE DATA	
Number of Cases	848
Annual Incidence <sup>a</sup>	
LA County	9.4
California	5.1
United States	8.6
Age at Onset	
Mean	19
Median	8
Range	<1-89 yrs
Case Fatality	
LA County	0.1%
United States	N/A

<sup>a</sup>Cases per 100,000 population.



### ETIOLOGY

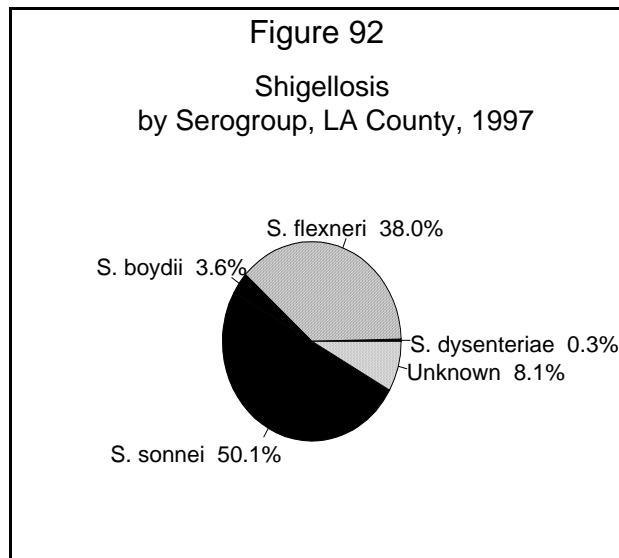
*Shigella* is a gram-negative bacillus with four serogroups: *S. dysenteriae* (group A), *S. flexneri* (group B), *S. boydii* (group C), and *S. sonnei* (group D).

### DISEASE ABSTRACT

In 1997, there was a decrease in incidence of shigellosis, reaching a five-year low (Figure 91). *Shigella flexneri* and *S. sonnei* were most prevalent (Figure 92). There were five shigellosis outbreaks reported in 1997. One outbreak occurred at a private party; two took place at developmentally disabled facilities; and the remaining two occurred in child day-care situations.

### STRATIFIED DATA

**Trends:** The incidence of reported shigellosis in 1997 decreased to its lowest rate in five years. Compared to the previous year, the rate decreased by 26%. Reasons for the decline in reported incidence are unknown. Shigellosis incidence rates continue to be highest among the young, with more than one-half of all cases occurring in those under fifteen and



approximately one-third under the age of five.

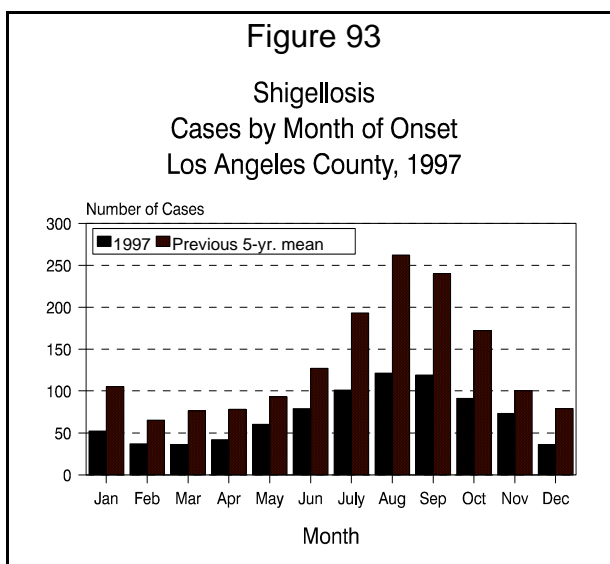
**Seasonality:** The typical seasonal increase in shigellosis during the summer and early fall, with peak incidence in August, continued in 1997 (Figure 93).

**Age:** Seventy-eight percent of cases occurred among persons under 35, and 55% were in children under 15. The highest rate, 45.7 per 100,000 population, was seen among 1- to 4-year-olds, and represents a decrease of 19% from 1996. The rates of shigellosis declined in all age groups (Figure 94).

**Sex:** The male-to-female ratio was 1:1.1.

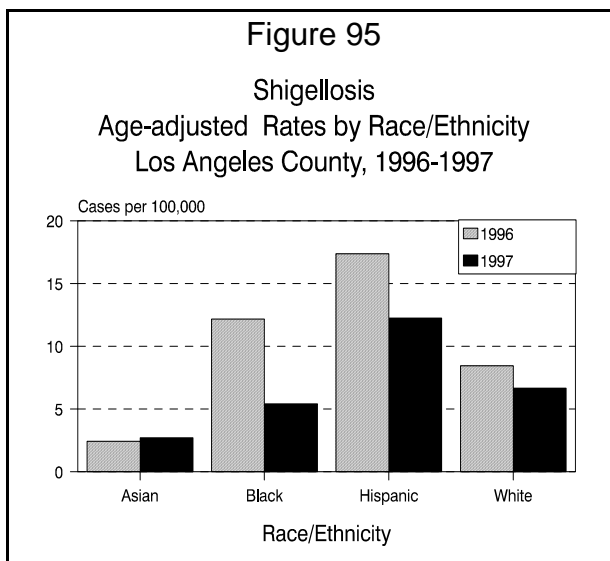
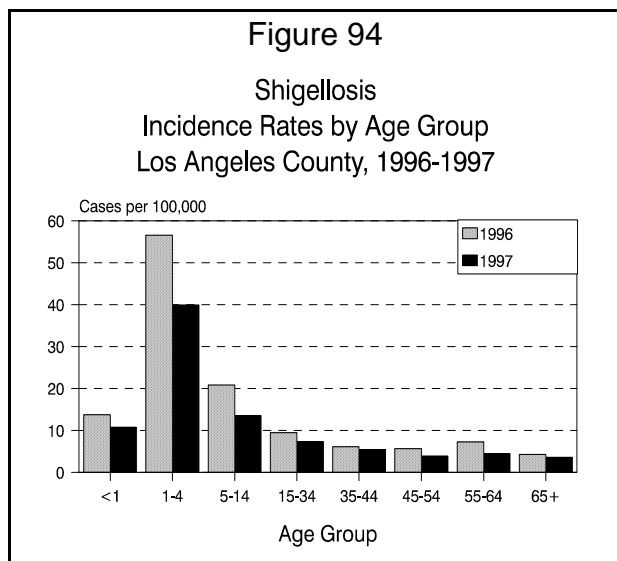
**Race/Ethnicity:** In 1997, the incidence of shigellosis continued to be highest among Hispanics (12.26 per 100,000 population). The rates decreased 56% in Blacks, 29% in Hispanics, and 21% in Whites. The rates among Asians remained low and relatively stable (Figure 95).

**Location:** The highest rates of shigellosis in 1997 were in the Southeast (18.86 per 100,000), San Antonio (14.07 per 100,000 population), and Central (14.04 per 100,000) Health Districts (Map 12).



## COMMENTS

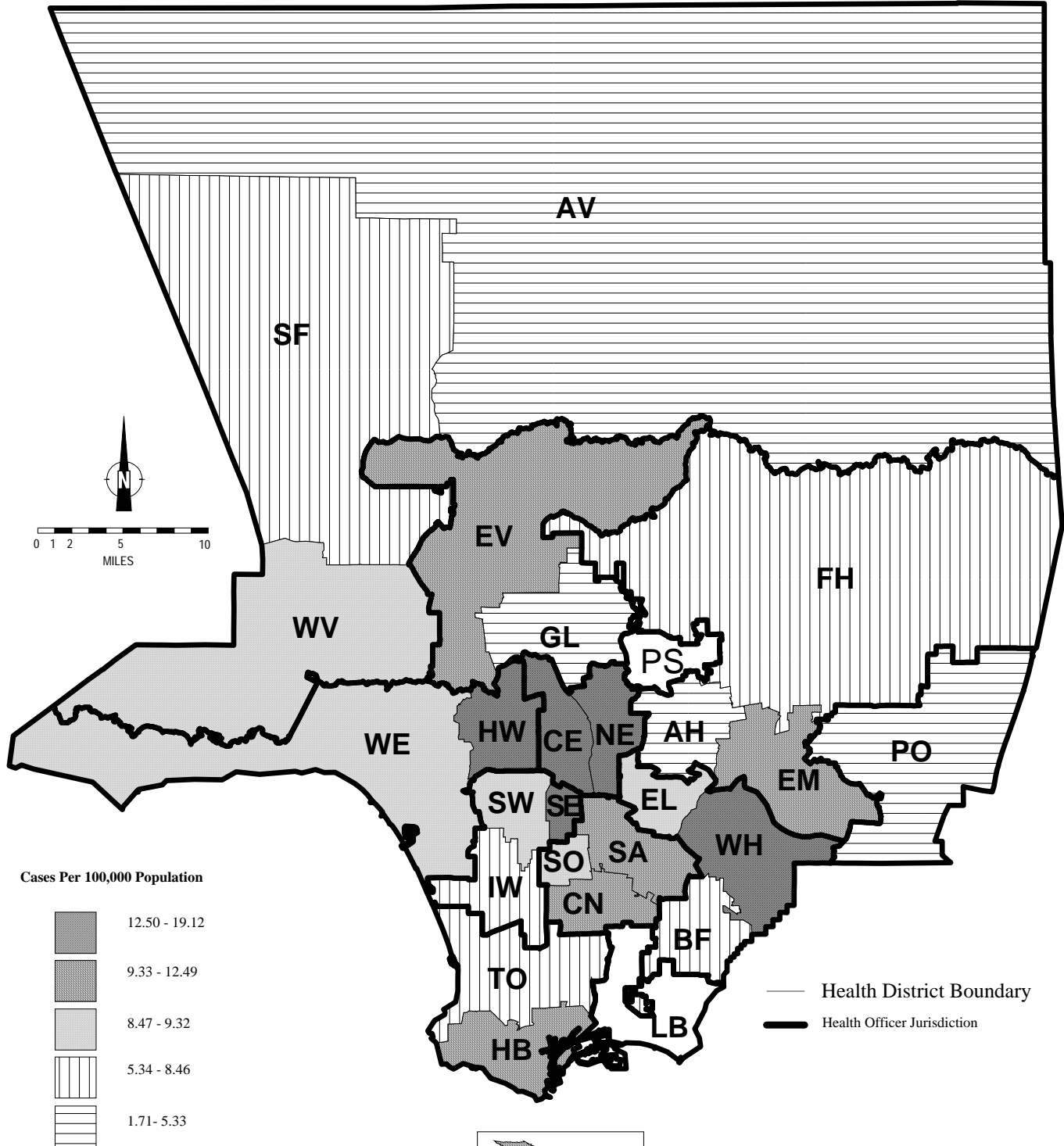
**Potential Sources:** Among cases, the most frequently reported exposure was international travel



(18%), followed by exposure to an ill individual in the household (14%). Other reported exposures included participation in an outdoor activity (e.g., hiking, camping, fishing, swimming) (10%), contact with an ill individual outside the household (5%), travel within the United States (5%), contact with a daycare center (5%), and drinking untreated water (4%).

**Transmission Risks:** Individuals in sensitive occupations (e.g., foodhandling, taking care of others) or sensitive situations (e.g. daycare) may pose a transmission risk to the community. In 1997, 11% of cases had a sensitive occupation/situation. An additional 8% of cases had household contacts in sensitive occupations/situations. Thirty-six percent of the contacts in sensitive occupations/situations had gastrointestinal symptoms. Cases and symptomatic contacts in sensitive occupations or situations are routinely removed from work or the situation until they are cleared.

## MAP 12. Shigellosis (Age-Adjusted Rate) Rates by Health District, Los Angeles County, 1997\*



\*Excludes Long Beach and Pasadena Data.

