



**Public Health**  
**Seattle & King County**  
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**Communicable Disease and Epidemiology News**

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**Epi-Log Reader Survey**

In an effort to make the *Epi-Log* as useful as possible to King County health care providers, we ask that you take a few minutes to respond to this reader survey. **Please respond by April 15<sup>th</sup>**. You may respond by one of three ways:

1. Fill out this page and fax it to (206) 296-4803
2. Mail the completed survey to our return address above
3. Complete the survey online at <http://publichealth.epilog.sgizmo.com>

Are you a currently licensed health care provider in Washington State?	Yes	No	
What is your job title? (Physician, nurse, infection control, ....other) Please specify.			
Do you subscribe to the <b>paper</b> copy of the <i>Epi-Log</i> ?	Yes	No	
Do you subscribe to the <b>online</b> version of the <i>Epi-Log</i> ?	Yes	No	
Where do you usually <b>receive</b> the <i>Epi-Log</i> ?	At home	At work	At school
Where do you usually <b>read</b> the <i>Epi-Log</i> ?	At home	At work	At school
Do you typically print copies of the <i>Epi-Log</i> to display or circulate around your office or clinic?	Yes	No	
Do you subscribe to the paper copy of Public Health's immunization newsletter, <i>The VacScene</i> ?	Yes	No	
What best describes your place of work (circle one)?			
Solo Practice	Group Practice	Large multispecialty clinic or outpatient network	
Hospital - Emergency Room	Hospital - Inpatient		
Pharmacy	Administrative Office	Other: _____	

Please answer the following questions by choosing 1 through 5,  
 1 = Strongly disagree    2 = Disagree    3 = Neutral    4 = Agree    5 = Strongly agree

The information in <i>Epi-Log</i> helps me take better care of my patients.	1	2	3	4	5
I would be able to read an electronic copy of the <i>Epi-Log</i> on the web or by email at <b>work</b> .	1	2	3	4	5
I would be able to read an electronic copy of the <i>Epi-Log</i> on the web or by email at <b>home</b> .	1	2	3	4	5
It is important for me to receive a <b>paper copy</b> of <i>Epi-Log</i> .	1	2	3	4	5
If the <i>Epi-Log</i> went to an electronic only format, I would still read it by going to the public health webpage or subscribing to the epilog via e-mail or having someone in my office print it out for me.	1	2	3	4	5
I prefer short articles (more topics per issue but less in depth).	1	2	3	4	5
I prefer longer articles (fewer topics per issue but more in depth).	1	2	3	4	5
I prefer monthly issues over bi-monthly or quarterly issues.	1	2	3	4	5
I like the following formats for <i>Epi-Log</i> articles (please rate each one)					
Summaries of recent outbreaks and cases	1	2	3	4	5
Puzzlers that present a real case as an "unknown" for discussion	1	2	3	4	5
Reviews on communicable disease topics not centered on actual cases	1	2	3	4	5
Other, please specify: _____	1	2	3	4	5

What topics would you like to see covered in future *Epi-Log* issues?

What suggestions do you have to make *Epi-Log* more useful?

Do you subscribe to Public Health's Information and Alert Network to receive other information of importance to clinicians including health alerts and advisories?    Yes    No

To subscribe to Public Health's listserv for health alerts and advisories, please e-mail or call Maybelle Tamura  
[Maybelle.tamura@kingcounty.gov](mailto:Maybelle.tamura@kingcounty.gov) (206-296-4774)

## Sexually Transmitted Shigellosis among Men Who Have Sex with Men

Public Health – Seattle & King County received 16 reports of shigellosis from January 1, 2009 through February 25, 2009. By comparison, only 20 cases were received in the last six months of 2008. Of the 2009 cases, 12 are *Shigella sonnei*. Ten of the cases are in adult males (age range 29-57), 8 of whom reported having sex with men (MSM) during their exposure period. The infections are thought to have been acquired in King County. More than one of the cases is HIV+. Pulsed-field gel electrophoresis (PFGE) patterns thus far have not revealed a predominant strain.

Symptoms of shigellosis usually begin 1 to 4 days after exposure and typically last about 7 days (range 1-30 days). The spectrum of illness ranges from asymptomatic to severe invasive disease with colitis. Symptoms include diarrhea (which may be watery or bloody), fever, abdominal cramps, tenesmus, nausea and vomiting.

Shigellosis is one of the most infectious of the bacterial diarrheas, and is spread extremely easily from person to person through the fecal-oral route because of its very low infective dose. *Shigella* is also one of several enteric organisms that can be transmitted through sexual activity, and outbreaks have been reported previously among MSM. Health care providers should educate patients that shigellosis can be a sexually transmitted disease, and that oral-anal and oral-genital contact increases the risk of infection. Sexual transmission can be reduced by washing hands, anal-genital areas, and sex toys thoroughly with soap and water before and after sexual activity; refraining from oral-anal and oral-genital sex when ill; and using barrier methods during sex (e.g., condoms, gloves, and dental dams). Important general prevention measures include handwashing with soap and warm water after using the bathroom, changing diapers, and before eating or preparing food. The diagnosis of shigellosis is important to establish by culturing the stool. Antibiotic therapy decreases the severity and duration of illness. Because antibiotic resistance is common, antibiotic sensitivity testing should be requested on all isolates. Untreated cases may asymptotically shed the bacteria in their stool for days to weeks after illness and can serve as a reservoir for transmission. Antibiotic treatment is recommended for

those with severe disease, immune deficiency, or at high risk of transmission to others (child care attendees and workers, health care workers, food workers, patients residing in institutional settings, and those with high risk sexual activity). Patients with shigellosis should be counseled to abstain from sexual behavior that could transmit infection for at least 3 days after starting an appropriate course of antimicrobial therapy and until symptoms have resolved.

Please immediately report suspected and confirmed cases of shigellosis to Public Health at (206) 296-4774. As a reminder, counsel child care workers, health care workers, and food workers not to work if they have an acute diarrheal illness; also, children with acute diarrheal illness should not attend child care or preschool.

### Erratum:

In the Influenza Update published in the December 2008 edition of the *Epi-Log*, we described a King County isolate that was the only oseltamivir-sensitive isolate identified by CDC during the 2008-2009 flu season. CDC later corrected their report, notifying PHSKC that the specimen was insufficient for antiviral susceptibility testing and that their previous report was issued in error. Since then, antiviral testing has been performed for one influenza B isolate from King County, which was sensitive to both oseltamivir and zanamivir.

### Disease Reporting

AIDS/HIV .....(206) 296-4645  
 STDs .....(206) 744-3954  
 TB .....(206) 744-4579  
 All Other Notifiable Communicable  
 Diseases (24 hours a day).....(206) 296-4774  
 Automated reporting line  
 for conditions not immediately  
 notifiable .....(206) 296-4782

### Hotlines

Communicable Disease.....(206) 296-4949  
 HIV/STD.....(206) 205-STDS

### Please Note Our New Website Addresses:

Public Health main page: [www.kingcounty.gov/health](http://www.kingcounty.gov/health)  
 Communicable Disease Epidemiology & Immunization  
 Section main page: [www.kingcounty.gov/health/cd](http://www.kingcounty.gov/health/cd)

## Reported Cases of Selected Diseases, Seattle & King County 2009

	Cases Reported In January		Cases Reported Through January	
	2009	2008	2009	2008
Campylobacteriosis	28	20	28	20
Cryptosporidiosis	1	4	1	4
Chlamydial infections	437	511	511	437
Enterohemorrhagic <i>E. coli</i> (non-O157)	0	0	0	0
<i>E. coli</i> O157: H7	0	0	0	0
Giardiasis	6	10	6	10
Gonorrhea	105	70	105	70
<i>Haemophilus influenzae</i> (cases <6 years of age)	0	0	0	0
Hepatitis A	0	3	0	3
Hepatitis B (acute)	1	4	1	4
Hepatitis B (chronic)	56	55	56	55
Hepatitis C (acute)	1	2	1	2
Hepatitis C (chronic)	118	159	118	159
Herpes, genital (primary)	32	38	32	38
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	29	29	29	29
Measles	0	0	0	0
Meningococcal Disease	1	0	1	0
Mumps	0	0	0	0
Pertussis	3	14	3	14
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	13	13	13	13
Shigellosis	5	4	5	4
Syphilis	14	7	14	7
Syphilis, congenital	0	0	0	0
Syphilis, late	11	2	11	2
Tuberculosis	0	4	0	4

The *Epi-Log* is available in alternate formats upon request.