

December 5th, 2025

Victoria Shigella Outbreak

Updated Empiric Therapy Recommendations

Culture results from the *Shigella* outbreak in Victoria have identified *Shigella sonnei*. This is a different subgroup from the Cowichan Valley outbreak of *Shigella flexneri* 2a, with a different antibiotic susceptibility profile.

Antimicrobial susceptibility testing has shown expression of an ESBL enzyme and resistance to all first-line agents including Ampicillin, Azithromycin, Cefixime, Ceftriaxone, Ciprofloxacin, and TMP/SMX. Based on these findings, **empiric antibiotic therapy** is no longer recommended as a population-level intervention and treatment mainly is supportive.

Clinical presentation: *Shigella sonnei* tends to cause less severe illness than *Shigella flexneri*.¹ *Shigella* infections are generally self-limiting. Symptoms can include moderate to severe diarrhea (watery, mucoid, or bloody), fever, nausea, cramps, and tenesmus.

Clinical Recommendations: 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.

- Continue to emphasize rigorous hand hygiene, sanitation, and isolation.
- 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.
 - Consider testing of sexual partners if symptomatic.
- Treatment:
 - **Please Note:** *Shigella* is typically a self-limiting disease and does not routinely require antibiotics.
 - **Empiric therapy with Cefixime or Ceftriaxone is no longer recommended.** Management should focus on supportive therapy to avoid dehydration.
 - Oral rehydration therapy via small sips with commercial solutions is recommended in individuals with mild illness to prevent dehydration.

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>

¹[Shigella infection: Epidemiology, clinical manifestations, and diagnosis - UpToDate](#)

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

Yours sincerely,

A handwritten signature in black ink that reads "M. Cachia". The signature is written in a cursive style and is underlined with a single horizontal line.

Dr. Mark A. Cachia, MD MPH FRCPC
Medical Health Officer, Island Health