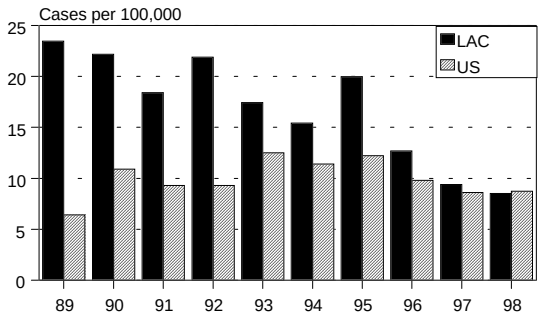
SHIGELLOSIS

CRUDE DATA	
Number of Cases	773
Annual Incidence[a]	
LA County	8.5
California	9.28
United States	8.74
Age at Onset	
Mean	19
Median	9
Range	<1-93 yrs
Case Fatality	
LA County	0.0%
United States	N/A

[a]Cases per 100,000 population.

Figure 83

Shigellosis
Incidence Rates by Year
LAC and US, 1989-1998



ETIOLOGY

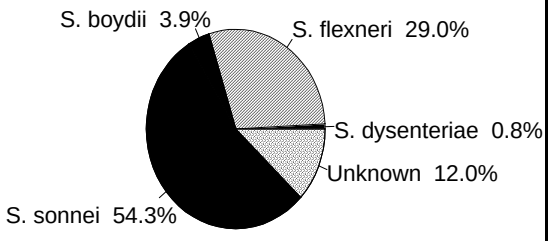
Shigella is a gram-negative bacillus with four serogroups: *S. dysenteriae* (group A)*, S. flexneri* (group B)*, S. boydii* (group C)*, and S. sonnei* (group D)*.*

DISEASE ABSTRACT

There has been a steadily decreasing incidence of shigellosis since 1989 (Figure 83). *Shigella flexneri* and *S. sonnei* were the most common (Figure 84). There were three shigellosis outbreaks reported in 1998; all were *S. sonnei.* One was a daycare center outbreak and the other two were associated with a multistate outbreak that implicated fresh parsley imported from a farm in Mexico.

Figure 84

Shigellosis
by Serogroup, LA County, 1998



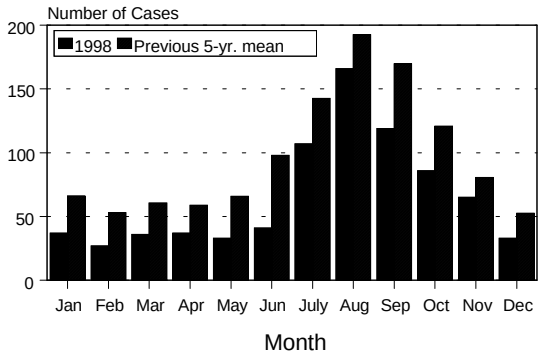
STRATIFIED DATA

Trends: Compared to the previous year, the rate decreased by 10%. Reasons for the decline in reported incidence are unknown. Shigellosis incidence rates continue to be highest among the younger age groups, with more than one-half of all cases occurring in those under 15 and approximately one-third under the age of five.

Seasonality: The typical seasonal increase in shigellosis occurs during the summer and early fall, with peak incidence in August, this pattern continued in 1998 (Figure 85).

Figure 85

Shigellosis
Cases by Month of Onset
Los Angeles County, 1998



Age: Seventy-eight percent (605) of cases occurred among persons under 35, and 71% (430) of cases under 35 were in children under 15. The highest rate, 33.9 per 100,000 population, was seen among 1- to 4-year-olds (Figure 86).

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

Race/Ethnicity: In 1998, the incidence of shigellosis continued to be highest among Hispanics (12.42 cases per 100,000 population). The rates increased 16% in Blacks, and decreased 43% in Asians and 13% in Whites. The rates among Hispanics remained relatively stable (Figure 87).

Location: The highest rates of shigellosis in 1998 were in the Hollywood-Wilshire (16.60 per 100,000), Northeast (15.40 per 100,000), and Southeast (14.61 per 100,000) Health Districts (Map 12).

COMMENTS

Potential Sources: Among cases, exposure during international travel and exposure to an ill individual in the household were the most commonly reported potential sources. Other reported exposures included participation in an outdoor activity (e.g., hiking, camping, swimming), contact with an ill individual outside the household, travel within the United States, contact with a daycare center, and drinking untreated water.

Figure 87

Shigellosis
Incidence Rates by Age Group
Los Angeles County, 1997-1998

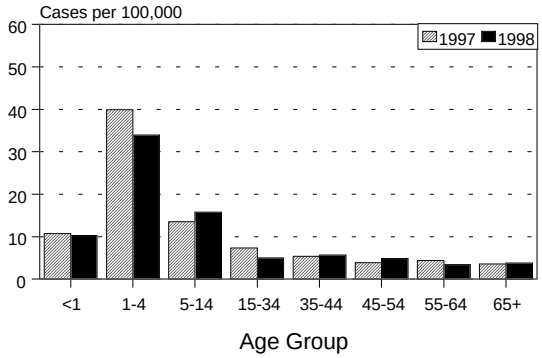
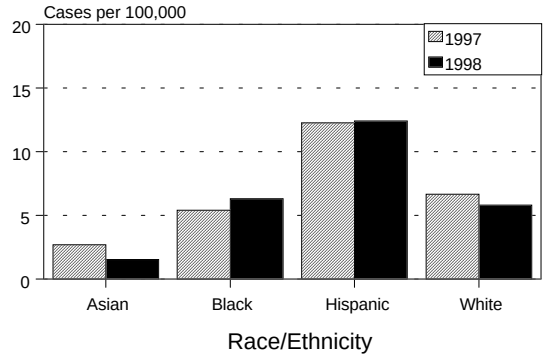


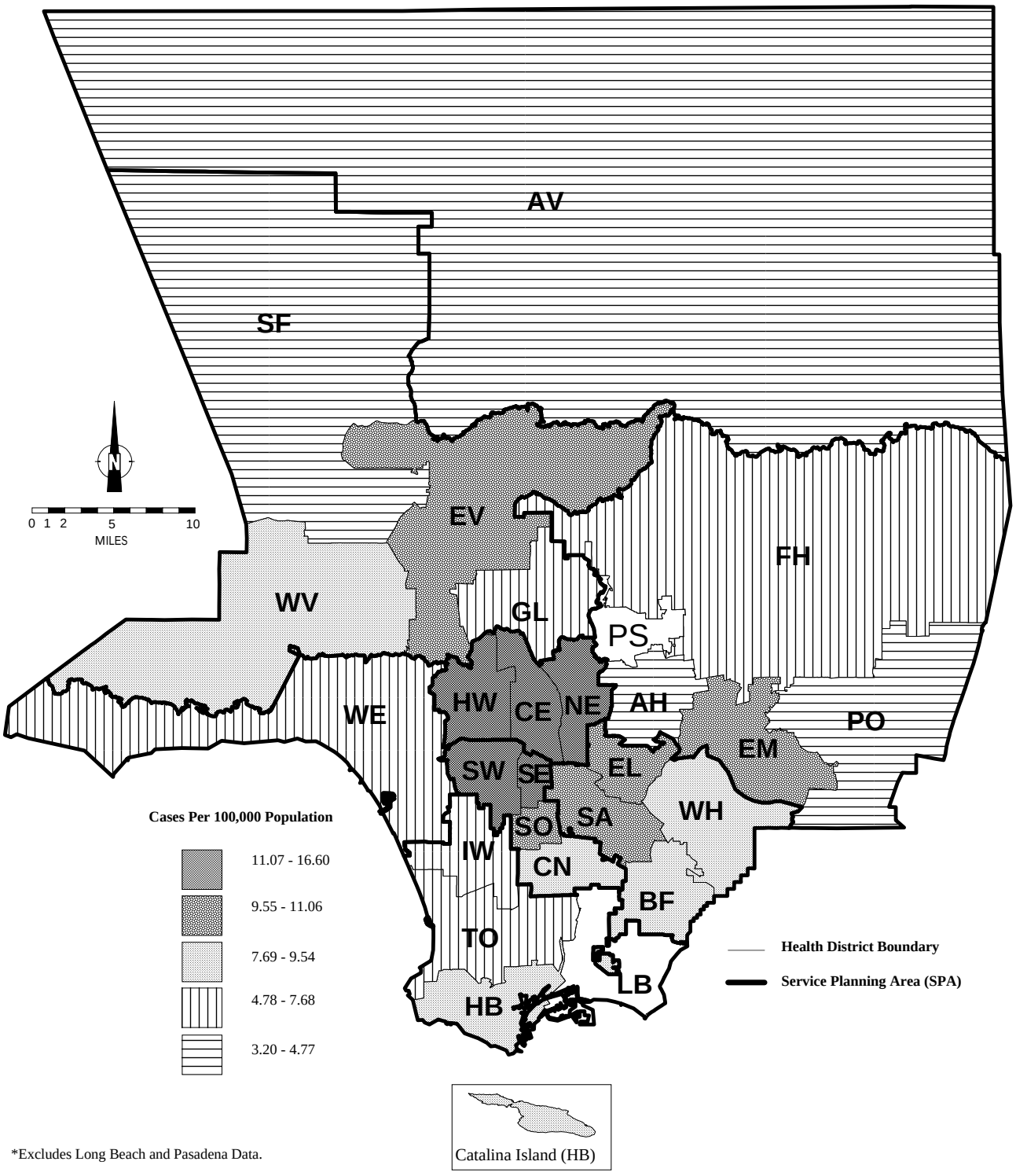
Figure 86

Shigellosis
Age-adjusted Rates by Race/Ethnicity
Los Angeles County, 1997-1998



Transmission Risks: Individuals in sensitive occupations (e.g., foodhandling, healthcare workers) or sensitive situations (e.g., daycare) may pose a transmission risk to the community. Cases and symptomatic contacts in sensitive occupations or situations are routinely removed from work or the situation until they are negative on stool specimens tested in the Public Health Laboratory.

MAP 12. Shigellosis
Rates by Health District, Los Angeles County, 1998*



*Excludes Long Beach and Pasadena Data.