



**Facsimile Cover Sheet
Wharangi Nama Waea**

Date/Te Ra: 26 January 2015

To/Kia: GPs and practice nurses at primary care centres; the after-hours centres and emergency departments in the greater Wellington and Wairarapa region.	From/Na: Dr Craig Thornley Medical Officer of Health Regional Public Health
Name of Agency/Wahi Mahi:	Fax Number/Nama Waea:

Number of pages/Nga Wharangi: 3 (including cover sheet)

**Information for primary care providers on an increase in shigellosis
in the Wellington Region**

Please distribute the following public health alert to all your staff.

Kind regards

Dr Craig Thornley
Medical Officer of Health

The information contained in this facsimile message is legally privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that use, dissemination, distribution or reproduction of this message is prohibited. If you have received this message in error, please notify us immediately. Thank you.

He ture no nga korero katoa kei roto o tenei karere, no reira, kia tupato. Mehemea kaore matau kaua e mau. Me whakamohiotia atu ki to Tari, me te mea nana i tono mai. E Tika Hoki.

Public Health Alert

Date: 26 January 2015

To: General Practitioners, Practice Nurses, Practice Managers and Emergency Departments in the Greater Wellington region and the Wairarapa

From: Dr Craig Thornley, Medical Officer of Health, Regional Public Health

Re: Shigellosis increase in Wellington region

Information for primary care providers on shigellosis increase in the Wellington region

Regional Public Health wishes to bring to your attention that there is a current increase in the level of shigellosis in the Wellington region.

There have been six notified cases of shigellosis (bacillary dysentery) in the Wellington region since the beginning of January 2015. This is an unusually high number of cases in a single month: on average, approximately 11 cases of shigellosis are notified annually in the Wellington region and Wairarapa combined.

The notified cases of shigellosis have not occurred in one particular area. Infection appears to have been acquired locally, as none of the cases have a history of travel internationally within the incubation period for their illnesses. In all but one case, the source of infection is not known.

Shigellosis can present with diarrhoea, fever, nausea, vomiting. The diarrhoea typically contains blood and mucus, although may be watery. Shigellosis spreads through faecal-oral transmission, through close personal contact, in situations without good hygiene, through contaminated food and water, and through sexual contact particularly among men who have sex with men.

Confirmed shigellosis is notifiable to the Medical Officer of Health. People with shigellosis who work as food handlers, early childhood workers or in health care, and children attending early childhood education, must not return to these activities until cleared by public health.

An information sheet on shigellosis has been included with this message.

For further information please contact Regional Public Health on 570 9002.
