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Title: Risk Factors for Shigellosis among Residents of FoodNet Sites, 2005

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Background: Since 1996, FoodNet has conducted active laboratory-based surveillance for *Shigella* spp. The aim of this study was to estimate the prevalence of risk factors for sporadic shigellosis, including international travel, day care center exposure, recreational water exposure, or household or sexual contact with someone having diarrhea.

Methods: We ascertained all laboratory-confirmed *Shigella* infections in 10 participating FoodNet sites. During 2005, patients with shigellosis were interviewed about risk factors in the week before illness onset.

Results: Between January 1 and September 23, 2005, 1043 *Shigella* spp. cases were identified. Interview information was available for 58% (605) of patients [*S. sonnei* (408) *S. flexneri* (129) *S. boydii* (4) *S. dysenteriae* (4), unknown species (60)]. Of 566 cases with known travel status, 26% (148) reported international travel [*S. dysenteriae* (100%), *S. boydii* (75%), *S. flexneri* (30%), *S. sonnei* (26%)]. Among 457 non-travelers, 35% (161) reported contact with a person in daycare or school with diarrhea, 28% (130) reported working in or attending a child care setting, 20% (92) reported contact with a household member with diarrhea, 12% (53) reported recreational water exposure, and 5% (22) reported contact with a sexual partner with diarrhea; 34% did not indicate any of the above exposures. Some exposures did vary by species. Compared to 95 *S. flexneri* non-travel cases, more of the 306 non-travel *S. sonnei* cases reported contact with a person in daycare or school with diarrhea (4% vs. 43%), working in or attending a child care setting (2% vs. 34%), and recreational water exposure (8% vs. 12%).

Conclusions: International travel plays an important role in the acquisition of all *Shigella*, including *S. sonnei* and *S. flexneri*. Transmission among day care center attendees, their family members and friends likely accounts for a majority of *S. sonnei* infections. While the proportion of shigellosis attributable to foodborne infections could not be directly characterized, the data suggest that as many as 34% of *Shigella* infections in non-travelers may be acquired through consumption of contaminated food.