



Public Health
England

Protecting and improving the nation's health

***Shigella* data 2006 to 2015** November 2016

National laboratory data for residents of England and Wales

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: [@PHE_uk](https://twitter.com/PHE_uk)
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Gastrointestinal Infections Department
For queries relating to this document, please contact: EEDD@phe.gov.uk

© Crown copyright 2017

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io/) or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published January 2017
PHE publications gateway number: 2016581



Contents

About Public Health England	2
Key points for 2015	3
<i>Shigella</i> data 2006 to 2015	4
Data sources	7
Acknowledgements	7

Key points for 2015

- The region with the highest number of laboratory reports was London.
- The section of the population with the highest number of laboratory reports was males aged 30-39.
- No obvious seasonality was observed.

Shigella data 2006 to 2015

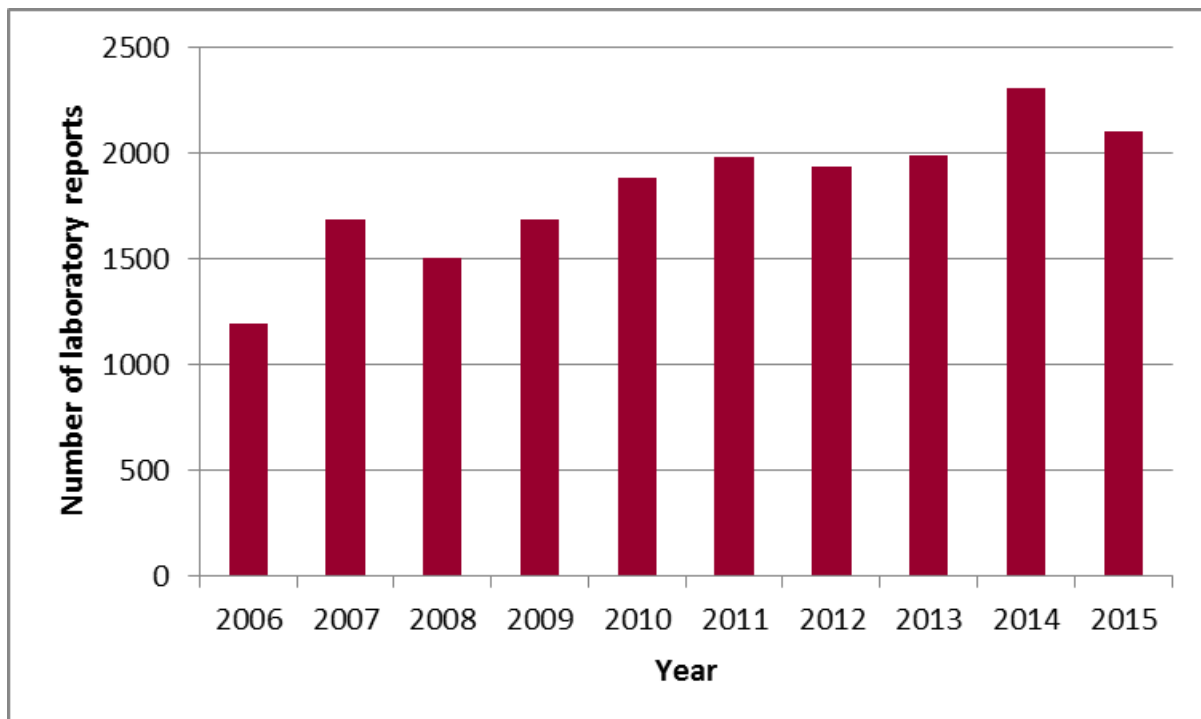
All data presented in this report are correct as of 03 November 2016.

1. Annual data (2006-2015)

Table 1: Annual laboratory reports of *Shigella* in England and Wales.

Year	Number of laboratory reports	Laboratory reports per 100,000 population
2006	1190	2.21
2007	1684	3.10
2008	1506	2.75
2009	1685	3.05
2010	1879	3.37
2011	1979	3.52
2012	1931	3.41
2013	1987	3.49
2014	2306	4.02
2015	2098	3.62

Figure 1: Annual laboratory reports of *Shigella* in England and Wales.



2. Regional Data

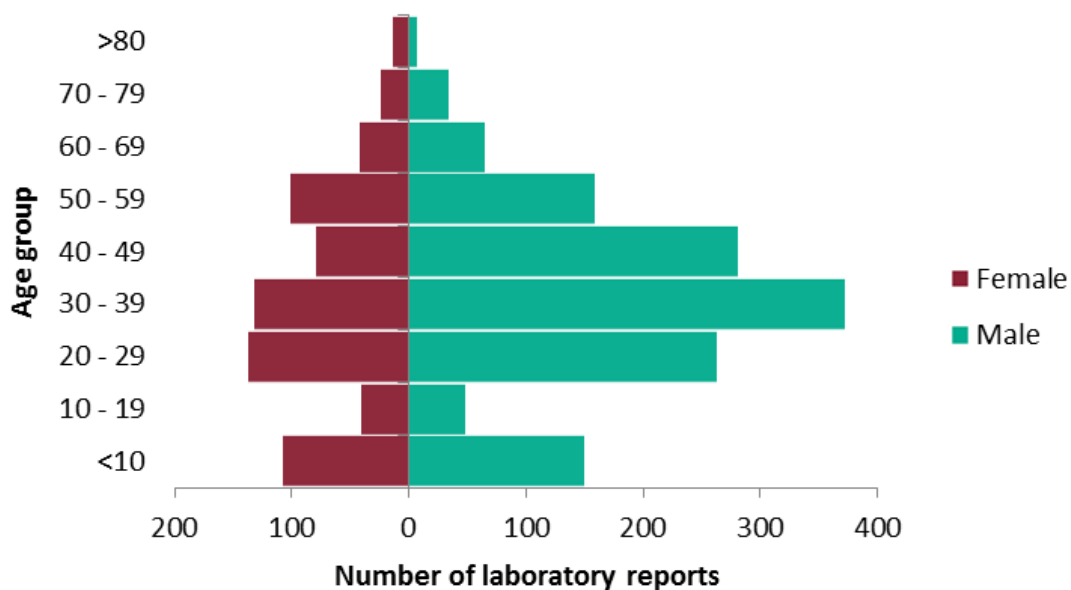
Table 2: Regional distribution of laboratory reports of *Shigella* in England and Wales.

Country	Region	Laboratory reports
England	East Midlands	21
	East of England	76
	London	1218
	North East	19
	North West	120
	South East	274
	South West	87
	Yorkshire and The Humber	161
	West Midlands	87
Wales	Wales	35

Regional classification based on place of residence of laboratory reports and classified using NUTS1 codes. 1 laboratory report with unknown residence.

3. Age/sex distribution (2015)

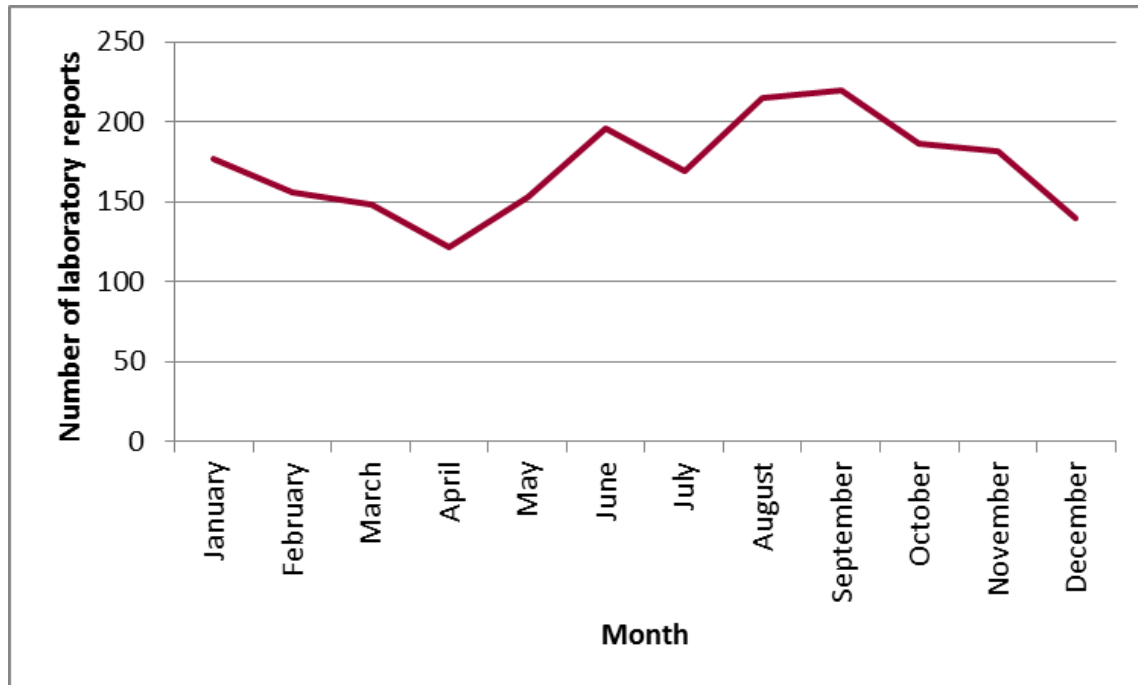
Figure 2: Age/sex distribution of laboratory reports of *Shigella* in England.*



*Age/sex data not available for all Welsh laboratory reports so not included.

4. Seasonal variation (2015)

Figure 3: Seasonality of laboratory reports of *Shigella* reported in England.*



*Excludes Welsh data

5. Foodborne Outbreak Data (2015)

Table 3: Foodborne outbreaks of *Shigella* reported in England and Wales

Agent	Total Affected	Laboratory confirmed	Hospitalised	Deaths	Setting	Food Description
<i>Shigella flexneri</i>	4	4	0	0	Take-away	No food identified
<i>Shigella</i> spp.	13	13	8	0	Hospital	No food identified

Data sources

- Public Health England Second Generation Surveillance System (SGSS)
This is a live laboratory reporting system therefore numbers may fluctuate. Data provided in this report are new extractions from this system and provide updated figures to previously published reports. In 2014, PHE upgraded the laboratory reporting system so direct comparisons between data reported from the previous system (LabBase2) and the new system (SGSS) may require cautious interpretation.
- Electronic Foodborne and Non-Foodborne Gastrointestinal Outbreak Surveillance System (eFOSS)

Acknowledgements

We are grateful to the microbiologists and local authorities, health protection and environmental health specialists who have contributed data and reports to national surveillance systems and the epidemiologists and information officers who have worked on the national surveillance of intestinal infectious diseases for the Centre for Infectious Disease Surveillance and Control and Health Protection Services Colindale.

We are grateful to our colleagues in the:

- Gastrointestinal Bacterial Reference Unit (GBRU) for providing the Reference Laboratory Services and laboratory surveillance functions and expertise
- PHE Information management Department for maintenance and quality assurance of PHE national surveillance databases used for Gastrointestinal Infections (GI) pathogen surveillance at the national level
- PHE Local Public Health Laboratories and Food Water and Environmental Microbiology Services for providing a surveillance function for GI pathogens and testing of food and environmental samples routinely and during outbreak investigation

Public Health England (PHE) has a statutory obligation to collect and report outbreaks of foodborne disease. This is aligned to the requirements of the Zoonoses directive 2003/99/EC. This directive requires that EU member states investigate and report all foodborne outbreaks to the European Food Safety Authority (EFSA). Additionally, information on other zoonoses outbreaks is included in eFOSS, i.e. non-foodborne outbreaks (mode of transmission covering animal contact, person to person contact, and recreational water).

We are grateful to all colleagues who have investigated and reported outbreaks to the Electronic Foodborne and Non-Foodborne Gastrointestinal Outbreak Surveillance System (eFOSS).

eFOSS-data extracted from PHE, Electronic Foodborne and Non-Foodborne Gastrointestinal Outbreak Surveillance System (eFOSS).

SGSS-data extracted from PHE, Second Generation Surveillance System (SGSS) which manages the flow of reports of infectious diseases from laboratories to PHE.