

Symptoms and Consequences of *Shigella* Infection in Children

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DESCRIPTION

Shigella infection (also known as shigellosis) can affect persons of any age, but it is more common in children under the age of five. Because *Shigella* bacteria travel from young children to their family members and others in their community, many outbreaks are linked to childcare facilities and schools. *Shigella* is a highly contagious gastrointestinal disease that kills an estimated 68,000 children under the age of five every year and indirectly kills another 13,600 infants by causing stunting or linear growth failures. *Shigella* mortality rates have significantly decreased over the past few decades as a result of a number of factors, including the apparent extinction of the extremely deadly *S. dysenteriae* serotype 1, measles immunization, antibiotics, advancements in nutritional status, and economic growth. Notwithstanding these successes, the progress that has been made in lowering *Shigella* mortality is at risk due to the growing emergence of antibiotic resistance to drugs that have previously been successful in lowering disease severity, the length of diarrhea, and pathogen excretion.

Shigella not only contributes to childhood mortality, but it also significantly increases morbidity in children under the age of five. In Low-and Middle-Income Countries (LMICs), this gram-negative bacterium is frequently the main cause of Moderate-to-Severe Diarrhea (MSD) and the main cause of dysentery in children under five. *Shigella* acute diarrhea affects children at a rate ranging from 1 per 100 child-years to 75.1 per 100 child-years in LMICs. *Shigella* infections also cause linear growth to slow down, both when diarrhea is present and when it really is not. This is probably due to an Environmental Enteric Dysfunctional (EED) mechanism. Both EED and linear growth failure are associated with less-than-desirable long-term results, such as postponed cognitive development, subpar academic achievement, and diminished economic potential. *Shigella* infections can place a heavy financial strain on families and healthcare systems due to the high expense of hospitalization and treatment for *Shigella* diarrhea, as well as the possibility of reduced earning potential due to *Shigella*'s longer-term effects.

Shigella is a priority for vaccine development in the target population of young children living in LMICs based on clinical severity, disease burden, connections to longer-term outcomes, and the establishment of antibiotic resistance. The most prevalent *S. flexneri* serotypes and *S. sonnei* are the targets of vaccines now under research. There is a need to compile data on the long-term effects of *Shigella* to inform national and international decision-making as pediatric *Shigella* vaccines approach licensure and policymakers consider vaccine implementation.

Shigella germs are easily transmitted from one person to another, and it only takes a tiny amount to cause shigellosis in a susceptible individual. When someone swallows something that has been in contact with the stool (poop) of a sick person who has *Shigella* germs, the germs are disseminated. By touching objects that a sick person has used (such as toys, bathroom fixtures, changing tables, or diaper pails), children risk spreading *Shigella* germs to their hands.

Shigellosis symptoms often appear one to two days after first coming into contact with the bacteria. These signs and symptoms include a fever, stomach ache, diarrhea, and the urge to poop even when the intestines are empty. Although symptoms typically last 5 to 7 days, they can linger anywhere from a few days to 4 or more weeks for some people. In certain situations, it could take many months for bowel habits to return to normal, including the frequency of bowel movements and the consistency of the stools.

To avoid dehydration, those who have a *Shigella* infection should consume enough water. Anti-diarrheal medications such as loperamide (Imodium) or diphenoxylate with atropine shouldn't be taken by people with bloody diarrhea. Some drugs might exacerbate symptoms. The duration of the fever and diarrhea may be reduced by roughly 2 days with antibiotics. Azithromycin and ciprofloxacin are two oral antibiotics that are suggested.

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