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Jay Bhattacharya, M.D. Ph.D.
Director
Centers for Disease Control and Prevention

Via email: Jayanta.Bhattacharya@nih.hhs.gov; CDCExecSec@cdc.gov

Subject: Failure to Address Known Primate-Linked Source of Drug-Resistant *Shigella*

Dear Dr. Bhattacharya:

I am writing on behalf of People for the Ethical Treatment of Animals (PETA), whose entities have more than 10 million members and supporters globally, regarding the Centers for Disease Control and Prevention's (CDC) recent communications on the rise of extensively drug-resistant (XDR) *Shigella* infections in the United States and the concerning omission about the role of imported and captive nonhuman primates as a well-documented reservoir and amplification source for this pathogen.

In its latest reporting, the CDC notes a sharp increase in XDR *Shigella* and highlights the growing difficulty of treatment, the absence of FDA-approved therapies, and the heightened risks to immunocompromised individuals while reaffirming that shigellosis is a nationally notifiable disease. CDC reported that XDR *Shigella* in humans has increased from 0% to 8.5% over the past decade, with concerning shifts toward more severe strains, such as *S. flexneri*, that are also prevalent in primate colonies. The report contains important evidence, but it omitted extensive evidence showing that imported and captive primates within the United States laboratory pipeline represent a persistent reservoir, amplification source, and occupational exposure risk for *Shigella*, including drug-resistant strains. **This gap is documented in a new detailed report, available at PETA.org/shigella.**

Shigella has a narrow host range, circulating primarily among humans and other primates. In captive primate populations, particularly in crowded, group-housed conditions, the bacterium spreads efficiently, persists through asymptomatic and intermittent shedding, and can become entrenched within colonies. Each year, thousands of monkeys are imported into the U.S. and funneled through commercial importers, breeding operations and research facilities, including high-risk supply chains where gastrointestinal disease, repeated antibiotic exposure and drug-resistant bacterial infections have been documented.

CDC's internal documents acknowledge that imported monkeys are arriving with pathogens "that may be a public health concern such as confirmed *shigella* and *Campylobacter* infection." Yet the primate-associated *Shigella* risk remains largely absent from CDC public communications and is not clearly addressed in national surveillance discussions. Once imported primates leave

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CDC-mandated quarantine, there is no centralized federal reporting system or routine public reporting of *Shigella* infections within U.S. primate colonies. For a pathogen capable of asymptomatic carriage and intermittent shedding, this creates a significant surveillance and biosecurity gap that extends beyond laboratory personnel to include environmental contamination and the potential dissemination of *Shigella* through animal transport, wastewater effluent, contaminated equipment, and biohazard waste handling systems.

Conditions within primate facilities illustrate how easily these exposures can become normalized. Internal safety records from the University of Washington describe routine occupational exposure among workers at their Washington National Primate Research Center, noting that:

“...virtually everyone who works in the units gets ill at some point in their first 6 months, due to meeting staph and *shigella* for the first time and being around aerosolized fecal matter.”

This is not an isolated finding. Recently, during a multi-year outbreak of *Shigella* at Wisconsin National Primate Research Center, staff members reportedly developed shigellosis possibly due to exposure to infected animals, underscoring the persistent occupational risks.

The scientific literature and the CDC’s own surveillance framework make several points clear:

- *Shigella* is endemic in captive primate populations, with reported prevalence as high as 20–32% in newly imported animals and significant ongoing transmission within colonies.
- Eradication in group-housed colonies is widely acknowledged to be impractical due to asymptomatic carriage, intermittent shedding, and reinfection dynamics.
- Antibiotics are frequently used prophylactically in monkeys, creating strong selective pressure for antimicrobial resistance, including multidrug-resistant strains documented in U.S. research colonies.
- Zoonotic transmission from monkeys to humans is well documented, including infections in laboratory workers and caretakers.

When the CDC warns the public about a rising, drug-resistant pathogen, not acknowledging a known, concentrated, and actively imported reservoir of that same pathogen in primates carries significant consequences:

- **Occupational exposure:** Personnel in primate facilities face ongoing exposure to fecal-oral pathogens, including drug-resistant strains and may not be informed about the severity of their infection.
- **Surveillance failure:** Infections linked to primate facilities may go unrecognized or misattributed in the absence of integrated reporting.
- **Antimicrobial resistance:** Routine antibiotic use in primate colonies creates ideal conditions for the emergence and amplification of resistant bacteria.
- **Biosecurity and environmental risks:** Primate facilities generate large volumes of fecal waste and contaminated materials capable of disseminating *Shigella* beyond laboratory settings through animal transport, wastewater effluent, biohazardous waste systems, contaminated equipment, and other environmental pathways.

Despite these risks, the CDC does not publicly report comprehensive data on *Shigella* prevalence in imported or captive primates, does not require systematic reporting of infections in these populations, and does not meaningfully incorporate primate-associated risk into its public health communications on shigellosis.

Available data on illness and pathogen prevalence in imported and captive primates remain limited, fragmented, and largely inaccessible outside FOIA requests or conference materials. This lack of transparency is incompatible with an evidence-based approach to infectious disease surveillance, antimicrobial stewardship, and biosecurity oversight.

We are therefore requesting that the CDC:

Strengthen surveillance

- Require mandatory reporting of *Shigella* infections in primates confined in research, breeding, and import quarantine facilities.
- Integrate primate data into national *Shigella* surveillance and public reporting.

Improve transparency

- Publicly disclose pathogen surveillance data for imported and captive primates, including *Shigella* prevalence, antimicrobial resistance profiles, and documented occupational exposures.

Address risk and policy gaps

- Issue clear occupational health guidance, exposure reporting requirements, and monitoring recommendations for personnel working with primates.
- Reassess primate importation and colony management policies in light of their role in sustaining, amplifying, and disseminating drug-resistant enteric pathogens.

The current disconnect between what is known about *Shigella* transmission and what is communicated to the public undermines surveillance, prevention, and confidence in the nation's infectious disease response framework. A comprehensive response to drug-resistant *Shigella* requires recognition of all significant reservoirs and transmission pathways, including those embedded within the U.S. primate importation and research system.

We respectfully request a formal response to our requests and CDC's plan to address them.

Sincerely,



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