



- Please immediately bring to the attention of all doctors -

Date: 21 January 2010

Contact telephone number: **8226-7177 (24 hours/7 days)**

Cutaneous Anthrax Risk in Heroin Users

SA Health has been notified of an outbreak of cutaneous anthrax affecting IV heroin users in Scotland (14 cases) and in Germany (1 case). The outbreak started in December 2009 and an epidemiological investigation is underway. Contaminated heroin or contaminated cutting agent is implicated although a trace-back is likely to prove very difficult. Eight of the cases have died which is an unusually high case fatality rate for cutaneous anthrax.

The risk of cases emerging in IV drug users is likely to be low in SA, given that the outbreak is geographically localised and that sources of heroin are likely to be different for SA than for Europe. Nevertheless, given that people travel between SA and Europe (and particularly UK), it may be worth being alert to unusual skin lesions presenting in patients/clients who inject, particularly if they report recent travel to Europe.

The clinical features of cutaneous anthrax typically include:

- Incubation period ~ 7 days (range 1 to 12 days)
- Cutaneous anthrax begins as a papule at the exposure site. There may be associated pruritis. The papule enlarges and develops a central vesicle or bulla with surrounding brawny, non-pitting oedema. A painless, haemorrhagic, necrotic ulcer develops which develops into a central black eschar associated with extensive surrounding erythema and oedema.
- Pustules are rarely present in anthrax lesions, and a primary pustular lesion is unlikely to be cutaneous anthrax. Primary lesions may also present as cloudy vesicles.
- Lesions may be solitary or multiple, and if multiple, they are usually found on the same part of the body.
- Tender regional lymphadenopathy, fatigue, fever, and/or chills may accompany cutaneous lesions (ulceroglandular disease).

An example of the skin lesions can be seen in a 2006 MJA article by Kolbe et al:

http://www.mja.com.au/public/issues/185_05_040906/kol10426_fm.html

The main messages are to:

- Suspect the diagnosis in IV drug users with compatible clinical presentations, particularly if they report recent travel to Europe;
- If the diagnosis is suspected, notify CDCB, contact the microbiology laboratory for advice on specimen collection and to alert them to the possible diagnosis, and seek specialist ID advice;
- Use usual contact precautions; cutaneous anthrax is transmitted by direct contact, not by inhalation.

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Information contained within this advice should be treated as confidential and is for the intended recipient only.

PUBLIC HEALTH ALERT