

URGENT COMMUNICATION

HSS (MD) 1/2010

Chief Executives, Public Health Agency/Health & Social Care Board/ HSC Trusts/NIAS Director of Public Health/Medical Director, Public Health Agency (for onward distribution to relevant health protection staff) Director of Nursing, Public Health Agency GP Medical Advisers. Health & Social Care Board All General Practitioners (for onward distribution to practice staff) **GP** Locums Family Practitioner Service Leads, Health & Social Care Board (for cascade to GP Out of Hours services) Medical Directors of Trusts (for onward cascade to: Staff in A&E Departments Consultants in Infectious Disease Consultant Microbiologists Consultant Pathologists Services dealing with drug misuse) Nursing Directors, HSC Trusts (for onward distribution to all Community Nurses)

Department of Health, Social Services and Public Safety

www.dhsspsni.gov.uk

AN ROINN Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

MÄNNYSTRIE O

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Your Ref: Our Ref: HSS(MD)1/2010

Date: 8 January 2010

Dear Colleague

RISE IN CASES OF ANTHRAX INFECTIONS IN HEROIN INJECTING DRUG USERS

Further to HSS(MD)59/2009 <u>http://www.dhsspsni.gov.uk/hss-md-59-2009.pdf</u> issued on 18 December, the Department of Health has been alerted that there is now a total of 12 confirmed cases of anthrax in heroin injecting drug users (IDUs) and cases have extended beyond the Greater Glasgow and Clyde area to the Tayside, Lanarkshire and Forth Valley areas of Scotland. Six of these patients have sadly died.

Investigations are continuing into the cause of these cases and into any heroin supply routes that may be affected.

While cases remain confined to Scotland you should be alert to the possibility of anthrax infection in injecting drug users presenting with severe soft tissue infections or sepsis. For IDU patients who present at their GP or A&E with these symptoms, please contact your local microbiologist for advice on management and investigation. Other services dealing



with drug misusers should refer any IDUs with the above symptoms to an A&E department or to a GP for urgent assessment and management.

As there is also a potential theoretical risk of inhalation anthrax developing in heroin users who smoke or inhale anthrax-contaminated heroin, any such patients presenting with some or all of its typical features (febrile illness, sepsis and/or respiratory problems) should be dealt with in the same way.

Please notify any cases of severe soft tissue infection or sepsis in an injecting drug user, who has died or has been sufficiently unwell to require admission to hospital, to the CDSC (NI) (Tel: 028 9026 3765)

Yours sincerely

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Dr M McBride Chief Medical Officer

cc: Dr Ian McMaster Mr Rob Phipps Mr Gary Maxwell Ms Clare Baxter

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