ANTHRAX

INFECTIONS IN PEOPLE WHO USE DRUGS

WHAT WORKERS NEED TO KNOW



Left untreated, anthrax infection will lead to death.





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WHAT WORKERS NEED TO KNOW

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ANTHRAX INFECTION CAN BE LETHAL, HOWEVER, IF TREATMENT IS STARTED AT AN EARLY STAGE IT CAN BE CURED.

All unregulated drugs carry a risk of infection, and none can be considered free from possible contamination.

There are sporadic cases and outbreaks of illness and death among people who use drugs due to infections associated with the use, or contamination of drugs. This is the inevitable consequence of the unregulated supply of drugs which are not monitored or controlled to ensure quality and safety.

Infections occur without warning and so it is necessary to raise awareness, maintain vigilance and make early interventions to prevent outbreaks and address cases of infection to prevent harms including deaths.

In the past, in Scotland, cases of anthrax in people who inject drugs have been associated with heroin injecting, however people who use any drug that has been produced or supplied via countries where there may be anthrax present face a potentially deadly risk from anthrax infection. This would include, for example, people who use heroin or cocaine.

The information in this resource should be shared with people who inject drugs and all staff working with people who inject drugs to promote discussion and information sharing with people who inject drugs.

WHAT IS ANTHRAX?

Anthrax (Bacillus anthracis) occurs in nature and is common in agricultural regions across large parts of the world. Anthrax is a bacterium which creates spores that can infect the body, produce lethal poisons and lead to death.

Anthrax infection among people who use drugs is most likely to be acquired through spores entering the skin or tissues under the skin (such as fat or muscle) when injecting drugs contaminated with anthrax

By breathing in spores during smoking (inhalation) or snorting (insufflation) of drugs contaminated with anthrax.

There is no way for someone to tell if the drug they use is contaminated with anthrax as the spores are too small to be seen by the human eye.

In particular, heroin powder can vary in colour, texture and how well it dissolves depending on the batch, how much it has been cut and what it has been cut with.

Contaminated drugs cannot be identified by appearance or in terms of how they may dissolve and therefore all drugs have to be considered potentially dangerous.



If there have been alerts around recent cases of infection or contaminated drugs, particular care should be taken.

PREVIOUS OUTBREAKS OF ANTHRAX INFECTION

In Scotland in 2009/10, a supply of heroin contaminated with anthrax caused an outbreak of infections.

At the time, contaminated heroin or cutting agents were thought to have been the source of the outbreak, however, subsequent research showed that the cause was most likely heroin contaminated during its transportation route to Scotland.

Because the quality and safety of an unregulated drug supply cannot be monitored or controlled, it is likely that we may continue to see sporadic cases and outbreaks of illness and death associated with the use of, or contamination of, drugs.

COMMON FACTORS OF THOSE INFECTED

- Some people had been injecting drugs into their veins, some people intramuscularly (also known as 'muscle popping') or subcutaneously into the fatty tissue just beneath their skin (also known as 'skin popping').
- Some people reported that they had only smoked heroin.
- Some were homeless, others were in settled accommodation.
- · Some, not all, were receiving medication assisted treatment.
- · Ages ranged from late 20s to mid-50s.
- · More men were affected than women.

RISKS TO OTHERS

The risk to others appears to be minimal.

There are no documented cases of infection spreading from one person to another as a result of any form of intimate physical or sexual contact.

PERSON-TO-PERSON SPREAD OF CUTANEOUS ANTHRAX IS EXTREMELY RARE.

However, there is a potential risk from touching skin lesions, especially where skin is broken.

DEALING WITH WOUNDS



- Medical advice should be taken on the best way to heal all wounds.
- Small wounds can be covered with a simple, waterproof dressing until medical assistance is obtained.
- Wounds that are dressed should not leak through the dressing. If leakage occurs the dressing should be changed.
- When dressing another persons wounds, care should be taken to avoid contact with the wound or any wound discharge by wearing single use gloves. Afterwards, remove gloves and wash hands with soap and water.

SIGNS AND SYMPTOMS

OF ANTHRAX INFECTION

Early identification of anthrax can be difficult, especially among people who use drugs who may experience periods of poor general health.

How someone reacts also depends on whether the spores entered through the skin (via injection) or through the lungs (via smoking).

Someone may be infected with anthrax if they show any of the following symptoms, depending on whether they injected or smoked drugs.

Person-to-person spread of cutaneous anthrax is extremely rare.

SYMPTOMS OF ANTHRAX INFECTION VIA INHALATION (SMOKING OR SNORTING DRUGS)

- Flu like illness (fever, headache, muscle aches, cough), which may cause breathlessness and chest pains.
- Rapid deterioration of consciousness lapsing into a coma.

SYMPTOMS OF ANTHRAX INFECTION AT AN INJECTION SITE

Anthrax infection at an injecting site (below the skin, in subcutaneous fat or muscle tissue)

Infection at the injection site was the most common presentation in the 2009/10 outbreak in people who were using heroin.

- Infection (including redness and swelling) of the injection site or of an area close to it
- Tenderness or pain around an injection site or wound
- Discharge of fluid or pus from wounds
- A raised temperature
- Feeling generally unwell and weak, with aches and pains including headache.

SYMPTOMS OF ANTHRAX INFECTION IN THE SKIN

Anthrax infection in the skin (classical cutaneous/skin anthrax)

Presentations of anthrax may also include the symptoms detailed below.

- Usually occurs 2-7 days after exposure.
- Usually begins as a raised/swollen, itchy red bump, similar to an insect bite.
- Within 1-2 days developing into a clear blister or abscess and then an ulcer, which may be painless and may also be black in the centre.
- Flu-like symptoms, with fever, headache and/or nausea.

WHAT TO DO IF SOMEONE HAS SYMPTOMS



LEFT UNTREATED, ANTHRAX INFECTION WILL LEAD TO DEATH.
ANTHRAX CAN BE CURED IF TREATMENT IS STARTED AT AN
EARLY STAGE.

If someone experiences any of the symptoms mentioned above they should be actively supported to seek urgent medical attention from the Accident and Emergency department of the nearest hospital.

People presenting may need support in their engagement at Accident and Emergency.

Ideally workers should:

- Accompany the person to Accident and Emergency or, where this is not possible
- Arrange that a friend or family member attend Accident and Emergency with the person

GENERAL ADVICE YOU CAN OFFER TO SUPPORT A PERSON TO INJECT DRUGS MORE SAFELY:

The importance of:

- Washing hands and injecting site prior to every injection
- Accessing a clean, warm and safe environment to use drugs, where possible
- Using injecting equipment and all associated equipment once, then discarding safely in sharps containers.
- Not reusing or sharing any injecting related equipment.
- Using a new filter to trap some contaminants in substances.
- Using only a small amount of acidifier (citric acid/vit C) and knowing which drugs it is not required for.

USEFUL CONTACTS & INFORMATION

Public Health Scotland:

www.publichealthscotland.scot

Guidelines for management of Bacterial Infection among people who use drugs:

https://www.publichealthscotland.scot/publications/guidelines-for-the-public-health-management-of-tetanus-botulism-or-anth rax-among-people-who-use-drugs/guidelines-for-the-public-health-management-of-tetanus-botulism-or-anthrax-among-people-who-use-drugs/

Directory of Scottish Drug Services:

www.scottishdrugservicesdirectory.com

Find your nearest injecting equipment provider:

www.needleexchange.scot

Scottish Drugs Forum:

www.sdf.org.uk

ANY OTHER NOTES:



