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Dear Colleague

## OUTBREAK OF ANTHRAX INFECTIONS IN HEROIN DRUG USERS

1. Further to any previous alerts you have received, as of today 20 January, there are a total of 14 confirmed cases of anthrax in drug users of whom 7 have died (10 males, 6 deaths; 4 females, 1 death). The average age of confirmed cases is 38. Cases have been confirmed in the Greater Glasgow and Clyde area, Lanarkshire, Forth Valley, Fife, and Tayside. Approximately 50 additional possible cases under investigation have been identified in these board areas as well as in Lothian, Grampian and Ayrshire and Arran. The evidence suggests that contaminated heroin may be widespread across Scotland and still circulating.

2. Guidance materials have been posted on the HPS micro-site <http://www.hps.scot.nhs.uk/anthrax/index.aspx>. These include case definitions, a clinical investigation algorithm and management protocol, infection control guidance, a general Q&A and various other documents. **Clinical staff are encouraged to familiarise themselves with this site. It is important that accurate and complete information on the drug taking behaviours of any suspected cases be collected to assist the investigation.** A standard investigation questionnaire for use by local NHS Board public health investigators will also be posted on the website.

From the Chief Medical Officer  
Dr Harry Burns MPH  
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### Enquiries to:

#### Policy Issues

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### Addresses

#### For action

Directors for Public Health  
CPHM (CD&EH)  
Medical Directors, for circulation to  
all staff in Accident and Emergency  
Departments  
Intensive Care Units  
High Dependency Units  
Microbiologists  
Services dealing with drug use  
General Practitioners (including  
practice nurses, non-principals and  
Out of Hours Services)  
NHS 24  
Scottish Ambulance Service  
Community Pharmacists  
Scottish Drugs Forum to cascade to  
Services for Drug Users run by  
voluntary or other agencies  
Crown Office for circulation to  
Procurators Fiscal

3. The clinical algorithm now also includes a reminder that any case coming to the attention of medical services should be offered the opportunity to access local drug treatment services to assist in giving up heroin, in line with the advice being given. Given the possibility of increased demand for access to these services as a consequence of this outbreak, Directors of Public Health/Medical Directors and local drugs services will wish to take this opportunity to reflect on the current provision and capacity of such services locally. In areas where there are waiting lists for access to drug treatment and in particular substitute medication contingency measures may be required to ensure that all those who wish to stop using heroin, in order to avoid being infected with anthrax, have the means to do so.

4. The Scottish Drug Forum are actively engaged in providing advice to drug users and drug service workers and have developed materials jointly with the national Outbreak Control Team. They are a small organisation and have limited capacity to ensure that drug service staff have been adequately briefed. They wish to emphasise the need for close liaison between NHS service providers and local voluntary and other agencies including Local Authority social work departments to make sure that all staff have access to relevant briefing materials. A specific Q&A for this group of staff will also be provided on the HPS website.

5. Finally many of those presenting with injection wounds have no history of being tested in line with current blood borne virus policy. This situation may provide an opportunity to offer testing for blood borne virus infections in injecting drug users who present for advice or treatment

6. I should be grateful if you would ensure that this letter is fully cascaded within your NHS Board to all relevant A&E staff, ITU staff and in particular to surgeons (orthopaedic, general and plastic).

Yours sincerely

**DR HARRY BURNS**