

# EPI-**AAX**

Binational Border Health Information System ~ Sistema Binacional Fronterizo de Información en Salud

## Chihuahua - New Mexico - Texas

DATE / FECHA July 5, 2001 REFERENCE / REFERENCIA: BEC-2001-03

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NEW REPORT / REPORTE NUEVO

FOLLOW-UP / SEGUIMIENTO

SUSPECTED / SOSPECHOSO

CONFIRMED / CONFIRMADO

DISEASE / PADECIMIENTO: **Human Anthrax Case**

Note / Nota:

### **Probable Human Anthrax Case in Region 8** **Informational Release for Health Departments and Physicians in Southwestern Texas**

A case of human cutaneous anthrax has been reported in Texas, Public Health Region 8. This case is associated with an ongoing anthrax epizootic in Val Verde, Uvalde, Real, Kinney, Bandera, and Edwards Counties. The epizootic involves livestock and native and exotic hoof stock.

Human anthrax, which has an incubation period of 2 to 5 days, is classified into three forms, cutaneous, gastrointestinal, and pneumonic, depending on the route the spores enter the body. The cutaneous form is by far the most common.

- Cutaneous anthrax results from direct contact with infected tissue or spores, and is commonly found on the hands and arms. Cutaneous anthrax begins as a painless puritic papule that resembles an insect bite. The papule enlarges and within 24 to 48 hours develops into an ulcer surrounded by vesicles. A characteristic black necrotic central eschar appears later with associated edema. The organism can typically be identified as a gram positive rod on a gram stain. Even with early effective therapy, this lesion will finish forming fully. If untreated, 5-20 percent of patients will develop septicemia and a generalized infection resulting in death. Deaths are rare in patients receiving appropriate antimicrobial treatment.
- Gastrointestinal anthrax occurs when contaminated meat is consumed. There is no evidence that anthrax can be contracted by consuming milk or milk products from infected animals. Gastrointestinal anthrax is rare and more difficult to recognize, except that it tends to occur in explosive outbreaks. Abdominal distress is followed by fever, signs of bacteremia, and then death.
- Pulmonary anthrax results from inhalation of dust particles containing anthrax spores. These spores are released during risky industrial processes such as tanning of hides, or processing of wool or bone from infected animals. Initial symptoms are mild and nonspecific, resembling a common upper respiratory infection. A widened mediastinum on chest x-ray should alert one to the diagnosis of anthrax. Acute symptoms of respiratory distress, fever, profuse sweating, cyanosis, and shock follow in 3 to 5 days with death shortly thereafter. Even with appropriate treatment, the fatality rate approaches 85%.

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Reference Keys / Claves de Referencia: Doña Ana=DA; Luna County=LU; Santa Fe=SF; El Paso=EP; Austin=AU; CDC=US  
Ciudad Juárez=CJ; Nuevo Casas Grandes=CG; Ojinaga=OJ; Chihuahua=CH; México City=MX; Border Epidemiology Center=BEC

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Cutaneous anthrax may be treated with Ciprofloxacin, 750 mg orally, twice a day; or with doxycycline, 100 mg orally, twice a day. Treatment should generally extend for 7 to 10 days, although prolonged treatment may be required. Pulmonary or gastrointestinal anthrax should be treated with penicillin G, 5 million units intravenously every 4 to 6 hours.

Physicians should consider anthrax in their differential diagnoses in patients with compatible symptoms. However before samples are drawn, contact your local health department for instructions and confirmation upon suspicion. Immediately report suspected human cases by calling your local or regional health department or (800) 705 8868, 7 days a week, 24 hours a day.

For the latest review on medical management, visit:

<http://jama.ama-assn.org/issues/v281in18/full/ist80027.html>