HEALTH ALERT
November 11, 2005

CLUSTER OF NECROTIZING SOFT-TISSUE INFECTIONS IN INJECTION DRUG USERS

A cluster of cases of necrotizing soft-tissue infections has been recognized in injection drug users in San Francisco. It is possible that additional cases will occur. To date the common characteristic among cases is that all persons are injection drug users. Bacteriologic results have yielded a variety of organisms including Group A Streptococcus, Pseudomonas, Citrobacter spp, E. coli, and Staphylococcus aureus. Because this infection can initially appear innocuous but then progress rapidly to a life-threatening condition, we request that clinicians be alert for possible cases and follow the recommendations below.

This Health Alert is posted on our website www.sfdph.org/cdcp. Click on Health Alerts in the left hand column.

ACTIONS REQUESTED OF ALL CLINICIANS:

1. Be alert for cases of necrotizing soft-tissue infections especially in injection drug users.
2. Immediately refer all possible cases for surgical consultation.
3. If necrotizing soft-tissue infection is suspected, obtain blood and tissue cultures (aerobic and anaerobic).
4. Administer antibiotics – consider consultation with your facility’s Infectious Diseases service.
5. Report cases to the Communicable Disease Control Unit (CDCU) at (415) 554-2830.
6. Warn patients who inject drugs about necrotizing soft-tissue infections and inform them of symptoms, the need to seek medical care promptly, and prevention methods (see below and appended flyer).
7. Due to high risk of tetanus in injection drug users, provide tetanus vaccine every 5 years.

DESCRIPTION OF NECROTIZING SOFT-TISSUE INFECTIONS

Necrotizing soft-tissue infections are severe and rapidly progressive infections involving the subcutaneous soft tissues including fascia. A variety of bacteria can cause these infections. The mortality rate is high (15 to 26%) but can be significantly reduced if diagnosis and treatment are prompt. Local trauma (e.g., injection drug use) often precedes infection. Initially necrotizing soft-tissue infections can be difficult to distinguish from cellulitis or superficial abscesses. Pain out of proportion to physical findings and rapid progression of the infection are clues suggesting the presence of a necrotizing soft-tissue infection. Systemic toxicity, subcutaneous gas and areas of anesthesia may occur later in the course of disease.

TREATMENT

Immediate surgical debridement is essential. Repeated surgical debridement is often necessary. Antibiotic therapy complements surgery.

INSTRUCTIONS FOR INJECTION DRUG USERS

A flyer for patients is appended and posted on our website: www.sfdph.org/cdcp.

A. Stop or reduce injecting.
   If they must continue: Use new sterile syringes for each injection.
B. Do not re-use syringes.
   If they must reuse: Clean syringes with bleach.
C. Before injecting, thoroughly clean the injection site with soap and hot water.
   If unable to use soap and hot water: Clean the site with alcohol wipes before injection.
D. Do not share needles, syringes, cookers, cottons, mixing or rinse water with anybody.
Important Information for Injection Drug Users

Recent Cases of Necrotizing Soft-Tissue Infections
November 17, 2005

WHAT’S GOING ON?

- In San Francisco over the last two weeks there have been 5 cases of necrotizing soft-tissue infections (also known as necrotizing fasciitis.)
- Five people have been hospitalized.
- Skin-popping and muscling put people at higher risk, but the disease can also be caused by IV injection.

WHAT ARE THE SYMPTOMS?

- Redness, swelling and pain around the injection site
- Pain may be much greater than an abscess or cellulitis
- Initially may seem similar to abscess or cellulitis, but gets worse FAST
- May have fever and chills
- Antibiotic pills and ointments will not cure it. Surgery is needed to drain the infection.
- Without immediate proper treatment, it may lead to amputation or even death.

HOW CAN I PROTECT MYSELF?

You can reduce your risk of getting a necrotizing soft-tissue infection.

- Not injecting drugs will prevent you from getting this disease.
- If you choose to use, inject with a new sterile syringe every time. Use needle exchange.
- Skin-popping or muscling may increase your chances of getting this disease.
- Do not re-use syringes, even your own. If you must re-use, make sure you clean the syringe well with bleach. Leave syringe in bleach for 2 minutes.
- Do not share needles, syringes, cookers, cottons, mixing or rinse water with anybody.
- Clean your skin thoroughly by scrubbing with lots of soap and hot water before injecting.
- If you can’t use soap and hot water, clean your skin with alcohol pads before injecting.

WHAT SHOULD I DO?

- IF YOU HAVE ANY OF THESE SYMPTOMS, DON’T WAIT!
- GO IMMEDIATELY TO THE NEAREST EMERGENCY ROOM OR GO TO SAN FRANCISCO GENERAL HOSPITAL EMERGENCY DEPARTMENT AT 1001 POTRERO AVENUE, OR CALL 911.

Additional copies of this information are available on our website: www.sfdph.org/cdcp. Click on the Health Alerts link in the left hand column.