



## Site d'Information sur les événements

destiné aux Points Focaux Nationaux du RSI

### Allemagne / Charbon, sans précision

**Risque**  
Infectieux

**Lieux**  
non disponible

**État de la vérification**  
Pas de vérification demandée

**Date à laquelle l'OMS a reçu l'information pour la première fois**  
2012-06-21

**Statut RSI**  
Risque pour la santé publique

**Confirmé au laboratoire**

**Point de contact RSI à l'OMS**  
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#### Pièces jointes

#### Évaluation actuelle du risque

- Importantes répercussions sur la santé publique
- Inhabituel ou inattendu
- Propagation internationale de maladies
- Entrave au voyage ou au commerce international

**Event**

#### Observations sur l'évaluation des risques

Serious Public Health impact: No. All cases identified to date have been among injecting drug users. While injecting drug users need to be alert, the risk to the general population, including close contacts of infected persons who do not inject drugs, is negligible. Anthrax transmission from person-to-person is rare. There is no evidence of airborne transmission associated with the current situation.

Unusual or unexpected: Yes. Given the large outbreak of anthrax in Scotland in 2009-2010 with some cases also reported from England and Germany, these anthrax cases are not completely unexpected. Yet, anthrax outbreaks among injecting drug users is considered unusual.

International disease spread: No. There is negligible risk for person-to-person transmission. However, since the origin and the possible distribution channels of the incriminated heroin are unclear, it is possible that further cases will be seen both in Germany and in other Member States.

Interference with international travel or trade: None.

### Bulletin 2012-07-04

2012-07-05

#### Three Anthrax Cases among Injecting Heroin Users in Germany, 04 July 2012

As of 04 July 2012, three cases of anthrax have been reported among injecting heroin users in Germany since June 2012.

Two cases of anthrax septicaemia (one fatal) in Regensburg in Bavaria were reported in June 2012, after they presented at a hospital on 05 and 18 June, respectively. Isolates from the first two German cases have undergone molecular typing and have been found to be identical or nearly identical to the outbreak strain identified among heroin users in the United Kingdom and Germany in 2009-2010. The previous outbreak lasted approximately seven months and resulted in 126 cases (confirmed, probable and possible) in Scotland (119), England (5), and Germany (2). (An Outbreak of Anthrax - Among Drug Users in Scotland, December 2009 to December 2010 <http://www.documents.hps.scot.nhs.uk/giz/anthrax-outbreak/anthrax-outbreak-report-2011-12.pdf>).

On 04 July 2012, Germany reported a third confirmed case of anthrax in an injecting heroin user from the federal state of Berlin (not adjacent to Bavaria). The case presented on 17 June at a Berlin hospital with the clinical picture of cutaneous anthrax at an injection site. While initial cultures were negative, a specimen from the necrotic ulcer tested at the Robert Koch Institute was positive in real-time-PCR for all tested anthrax markers. Follow-up serology and attempts of molecular typing of *Bacillus anthracis* DNA isolated from the clinical specimen are in progress, although limited amount of DNA is available.

At this time, there is no indication that the patient had recently been to Bavaria or used heroin known to be of Bavarian origin. Thus, this third case of anthrax in an injecting drug user strongly suggests that contaminated heroin might be circulating in Germany beyond the Regensburg region.

Public health authorities, medical personnel and others providing services to drug users in Europe should be made aware in order to recognize and report potential cases and support efforts to identify and track contaminated products.

Representative anthrax isolates from confirmed cases or clusters should be genotyped to establish links between cases, contaminated product, and possible environmental sources.

Cases should be reported to WHO through respective IHR Regional Contact Points.

#### WHO resources

- Anthrax in humans and animals. Fourth edition.

[http://www.who.int/csr/resources/publications/anthrax\\_webs.pdf](http://www.who.int/csr/resources/publications/anthrax_webs.pdf)

- Manual for Laboratory Diagnosis of Anthrax, WHO/SEARO, 2003,

[http://www.searo.who.int/LinkFiles/Reports\\_anthrax.pdf](http://www.searo.who.int/LinkFiles/Reports_anthrax.pdf)

- Guidelines for the Surveillance and Control of Anthrax in Human and Animals. 3rd edition, WHO, 1998,

[http://www.who.int/csr/resources/publications/anthrax/WHO EMC\\_ZDI\\_98\\_6/en/](http://www.who.int/csr/resources/publications/anthrax/WHO EMC_ZDI_98_6/en/)

### Changes to the core details: 2

2012-07-05

#### Observations sur l'évaluation des risques

Serious Public Health impact: No. All cases identified to date have been among injecting drug users. While injecting drug users need to be alert, the risk to the general population, including close contacts of infected persons who do not inject drugs, is negligible. Anthrax transmission from person-to-person is rare. There is no evidence of airborne transmission associated with the current situation. Unusual or unexpected: Yes. Given the large outbreak of anthrax in Scotland in 2009-2010 with some cases also reported from England and Germany, these anthrax cases are not completely unexpected. Yet, anthrax outbreaks among injecting drug users is

considered unusual. International disease spread: No. There is negligible risk for person-to-person transmission. However, since the origin and the possible distribution channels of the incriminated heroin are unclear, it is possible that further cases will be seen both in Germany and in other Member States. Interference with international travel or trade: None.

#### ☐ Changes to the core details: 1

2012-07-05

#### Observations sur l'évaluation des risques

Serious Public Health impact: No. All cases identified to date have been among injecting drug users. While injecting drug users need to be alert, the risk to the general population, including close contacts of infected persons who do not inject drugs, is negligible. Anthrax transmission from person-to-person is rare. There is no evidence of airborne transmission associated with the current situation. Unusual or unexpected: Yes. Although in light of the large outbreak of anthrax in Scotland in 2009-2010 with some cases also reported from England and Germany, these anthrax cases are not completely unexpected. Yet, anthrax outbreaks among injecting drug users is considered unusual. International disease spread: No. There is negligible risk for person-to-person transmission. However, since the origin and the possible distribution channels of the incriminated heroin are unclear, it is possible that further cases will be seen both in Germany and in other Member States. Interference with international travel or trade: None.