

Guidelines for the public health management of tetanus, botulism or anthrax among people who use drugs.

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Initial notification

A suspected or confirmed case of spore-forming bacteria (SFB) is usually reported to the Health Protection Team (HPT) in a health board by microbiology diagnostic services, GPs or hospital clinicians.

Responsibility for leading and managing incidents of SFB associated with people who use drugs (PWUD) normally rests with a CPHM or registered Specialist in Public Health, on behalf of the health board.

Thresholds for the type of investigation, and who should lead the investigation are detailed in Table 1 and described further below.

Investigation of a single case

The notification of a single case of SFB infection in PWUD should trigger a prompt investigation. Case definitions are provided in **section 3.1** of the guidelines.

Local HPTs should ensure:

- that appropriate specimens are obtained for specialist testing and/or confirmation (if a diagnosis is made on the basis of clinical presentation, treatment should not be delayed whilst waiting for laboratory confirmation; however, duty doctors should work with local microbiologist to ensure specimens are taken before antitoxin and antibiotics are administered);
- local awareness-raising with clinicians and frontline workers on the signs and symptoms of infection to ensure prompt diagnosis of further cases should they occur;
- the prompt completion, and return to HPS, of the relevant enhanced surveillance form (see **section 3.2** of the guidelines).

The CPHM may opt to convene a Problem Assessment Group (PAG) for the investigation of a single case. Considerations for briefings/alerts in the event of a single case may depend on the organism involved and are detailed in Table 1.

Investigation of two or more cases

Investigation of two or more cases of SFB among PWUD requires a multi-disciplinary team and is best managed by activating an Incident Management Team (IMT). Membership of the IMT, and the roles and responsibilities of members, is described in **section 2.3** and **2.4** of the guidelines.

The IMT should work to:

- confirm the laboratory results and agree the case definitions (**section 3.1**);
- establish risks associated with the cases by obtaining information from appropriate enhanced surveillance forms (**section 3.3**) and local intelligence from HPTs and Alcohol and Drug Teams;
- agree harm reduction interventions to minimise risk to PWUD (**section 5**);
- ensure arrangements for patient care (both clinical and addiction needs) are in hand;
- ensure sufficient antitoxin supplies (where applicable);
- establish the details of the cases through a line listing;
- establish whether the cases are linked and this is a cluster (**section 3.2**);
- agree materials to be sent out to alert drug users, frontline staff in injecting equipment provision and addiction services, microbiology services, GPs, clinical staff in relevant services, as required (**section 5.2.4**);
- agree communications to relevant agencies nationally and internationally if required;
- agree communications strategy for the media and/or the wider public if required (**section 6.4**);
- agree frequency of meetings;
- agree criteria for standing the IMT down and declaring the end of the incident.

Other considerations

- Information Governance (**section 6.1**).
- Data Protection and Confidentiality (**section 6.2**).
- Final documentation and reporting of the incident (**section 7**).

Table 1: Response required for one or more reports of spore-forming bacterial infections associated with people who use or inject drugs.

Organism	Management	Resources	Briefing
Sporadic case (a single case which is more than six weeks since the last case in the same geographical area and no increase in cases or cluster in neighbouring countries)			
Tetanus or Botulism	Health board led PAG Investigation managed locally	Local HPT	HPS
Anthrax	Health board led PAG Investigation managed locally	Local HPT	HPS (re Scottish alert) DPH in health board SGHD according to protocol PHE (re UK and Euro alert) IHR (re international alert) as appropriate
Two sporadic cases (two cases in more than one health board area which occur within six weeks of each other)			
Tetanus, Botulism or Anthrax	NHS led IMT with links to other health boards as required Investigation managed locally	Local HPT Support from HPS and other agencies as required	HPS (re Scottish alert) DPH in health board SGHD according to protocol Consider briefing Police Service of Scotland PHE (re UK and Euro alert) IHR (re international alert) as appropriate
Cluster of two cases (in one health board) or three or more cases (in more than one health board area) which occur within six weeks of each other			
Tetanus, Botulism, Anthrax*	NHS led IMT with links to other health boards as required (if across several boards, agree IMT lead - HPS or health board) Investigation of cases managed locally	Local HPT Support from HPS and other agencies as required	HPS (re Scottish alert) DPH in health board SGHD according to protocol Consider briefing Police Service of Scotland PHE (re UK and Euro alert) IHR (re international alert) as appropriate

* The principles of this approach may be used to manage three or more cases of severe illness associated with other spore-forming bacteria such as *C. sordellii*, *C. sporogenes*, *C. novyi* etc.

Scottish Health Protection Network

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