

# MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM

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*Maine Department of Health and Human Services  
Maine Center for Disease Control and Prevention (Maine CDC)  
(Formerly Bureau of Health)  
11 State House Station  
Augusta, Maine 04333-0011  
Phone 1-800-821-5821 / Fax 207-287-7443*

**\*\*ADVISORY – Important Information\*\***

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**2012PHADV022**

**TO:** School Nurses, Epidemiologists, HETL, HIV/STD/Viral Hepatitis, Local Public Health Liaisons, City and County Health Departments, Border Medical Officers, FQHCs, Infection Control Practitioners, Physician Practices, Hospitals, Lab Facilities, County EMA Directors, Maine Medical Association, Maine Office of Substance Abuse – Central Office, Northern New England Poison Center, Public Health Required, Public Health Nursing, EMS, RRCs

**FROM:** Dr. Sheila Pinette, Maine CDC Director  
Dr. Stephen Sears, State Epidemiologist

**SUBJECT:** **Cluster of Invasive Group A Streptococcal Infections Associated with Injection of Bath Salts**

**DATE:** Thursday, December 06, 2012

**TIME:** 12:00pm

**PAGES:** 2

**PRIORITY:** **Medium**

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## **Cluster of Invasive Group A Streptococcal Infections Associated with Injection of Bath Salts**

**Background:** Maine Center for Disease Control and Prevention (Maine CDC) is investigating a cluster of invasive Group A Streptococcal (GAS) infections in patients who have reported a history of injecting bath salts. Four cases of invasive GAS have been reported among persons aged 23-37 years, two of which resulted in Streptococcal Toxic Shock Syndrome (STSS). All cases reported injecting bath salts, all required hospitalization, one required intensive care, and one had necrotizing fasciitis. All four cases are from Aroostook and Penobscot counties.

GAS is a bacterium commonly found in the throat and on the skin. People can carry GAS and have no symptoms or illness. Most GAS infections are relatively mild illnesses such as “strep throat” or impetigo. Invasive GAS disease is more severe, especially the least common forms, necrotizing fasciitis and STSS, and may lead to hospitalization and death. Approximately 25% of patients with necrotizing fasciitis and more than 35% with STSS die. Although healthy people can get invasive GAS disease, persons at higher risk include those with chronic illnesses (cancer, diabetes, chronic heart or lung disease); persons with skin lesions (chicken pox, cuts, surgical wounds); persons on immunosuppressive therapy; the elderly; and persons with a history of alcohol abuse or injection drug use.

Invasive GAS infections are seasonal, with more infections identified December through April. The spread of GAS can be prevented by good hand washing, especially after coughing and sneezing and before preparing foods or eating. Persons with sore throats diagnosed as strep throat should stay home from work, school, or day care until 24 hours after taking antibiotics.

**Recommendations for Providers:** Health care providers should be aware of the increased risk of invasive GAS among intravenous (IV) drug users. Health care providers are encouraged to perform skin, wound, and/or blood cultures and consider prompt antibiotic treatment for patients presenting with symptoms of GAS (including cellulitis) and STSS. Because invasive GAS infections can progress rapidly, providers are encouraged to be familiar with early signs of STSS:

- Fever
- Hypotension
- Abrupt onset of generalized or localized severe pain, often in an arm or leg
- Dizziness
- Influenza-like syndrome
- Confusion
- A flat red rash over large areas of the body (occurs in 10% of cases)

Please report suspected cases of GAS cellulitis related to injection bath salt use to Maine CDC. All cases of suspected invasive GAS and STSS should be reported by phone to the Maine CDC at 1-800-821-5821 or fax at 1-800-293-7534. Information on GAS and STSS is available at:

[http://www.cdc.gov/ncidod/dbmd/diseaseinfo/groupastreptococcal\\_g.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/groupastreptococcal_g.htm)