



**Physician Advisory: Anthrax  
June 2019**

Two cases of animal anthrax were recently reported in an antelope and a goat on separate premises in Uvalde County.

**Background:** Anthrax is a bacterial disease endemic in herbivorous animals in southwestern parts of Texas. Cutaneous infection is the most common form in humans and is caused by contact with fluids from infected animals. Consider anthrax in patients presenting with indurated, cutaneous lesions especially if there was a high risk exposure where anthrax is endemic.

**Risk Factors for Cutaneous Anthrax in Humans, Southwestern Texas**

<b>High risk activities</b>	Exposure to contaminated carcasses, meat, tissue, wool, hides, leather or hair products of infected animals
<b>High risk professions</b>	Ranchers, ranch-hands, meat processors, hunters, tanners, taxidermists, veterinarians
<b>High risk animals</b>	Deer, cattle, goats, sheep, antelope
<b>High risk counties</b>	Crockett, Edwards, Kinney, Maverick, Sutton, Uvalde, and Val Verde

**Clinical Presentation:**

Cutaneous infection:

- Typically begins as a papule resembling an insect bite.
- Within 1-2 days, the papule develops into a vesicle and then a painless ulcer, usually 1-3 cm in diameter, with a characteristic black eschar.

Gastrointestinal infection:

- Typically develops 1-7 days after consumption of contaminated meat or unintentional ingestion of infected fluids.
- Symptoms may include fever, chills, lymphadenopathy, abdominal pain, nausea, vomiting, and diarrhea.

- **Diagnosis:** Diagnostic specimens for cutaneous anthrax may include swabs of lesions for PCR and/or full thickness punch biopsies. Avoid direct contact with wound or wound drainage. For suspected cutaneous or gastrointestinal



anthrax, blood specimens may be tested for gram stain or serology (collected two weeks apart). All specimens must be collected BEFORE initiating antimicrobial therapy and must be coordinated through DSHS.

**Treatment:** The recommended treatment for cutaneous infections in adult patients is ciprofloxacin 500 mg every 12hrs for 7-10 days. Doxycycline or amoxicillin are suitable alternatives.

**If you suspect your patient has an anthrax infection, please contact the Region 8 Zoonosis Control Program.** Our staff will assist with specimen submission and implement measures to prevent additional cases.

For more detailed information:

<https://www.dshs.texas.gov/idcu/disease/anthrax/>

<https://www.cdc.gov/anthrax/>

For More Information, Contact:

Region 8 Zoonosis Control

Main Office: 210-949-2000

24-hour reporting line: 210-949-2121

Fax: 210-692-1457