



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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## 2006 Update #5:

### Inhalation Anthrax in a New York City Resident who Works with Untanned Animal Hides

- **The New York City Department of Health and Mental Hygiene (DOHMH) continues to investigate an isolated case of inhalation anthrax that is most likely due to exposure to untanned animal hides. No additional suspected or confirmed cases have been identified in New York City.**
- **Environmental testing from the patient's Manhattan residence, private van and his workplace in the storage facility in Brooklyn are positive for *Bacillus anthracis*. A plan for cleaning these areas is being developed in conjunction with EPA.**
- **Seven other persons who were exposed to these untanned hides were started on preventative treatment.**
- **The *Bacillus anthracis* isolate from the case-patient is susceptible to all antibiotics approved as standard treatment and prophylaxis for anthrax including doxycycline, ciprofloxacin and penicillin.**
- **There is no risk of inhalation anthrax from playing African drums, owning drums or attending an African dance performance**
- **Decisions on the need for antibiotic prophylaxis should be made in consultation with DOHMH physicians. Report any suspect anthrax cases immediately to the DOHMH**
- **Updated information will be provided as available**

**Please Distribute to All Clinical Staff in Primary Care, Infectious Diseases, Emergency Medicine, Dermatology, Laboratory Medicine and Infection Control Staff**

February 24, 2006

Dear Healthcare Providers:

The New York City Department of Health and Mental Hygiene (NYC DOHMH) continues to investigate the case of inhalation anthrax in a Manhattan resident who makes drums from untanned animal hides (tanning is the process for turning animal hides into leather). The patient remains hospitalized in Pennsylvania and is on appropriate antibiotic therapy. The case-patient works frequently with untanned animal hides obtained from Africa. He mechanically removed the hair from the hide using a razor, in a small, poorly ventilated workspace. This process is reported to generate a significant amount of aerosolized particles from the animal hide (e.g., hair and embedded dirt), and work was done without respiratory protection. Therefore, this appears to be an isolated case of naturally occurring anthrax. There is no evidence of bioterrorism or risk to the general public.

Anthrax infections associated with the handling of untanned animal hides are extremely rare and are usually cutaneous. Most previous inhalation anthrax cases associated with contaminated animal hides occurred in industrial settings (e.g., goat hair processing mills) before safe work conditions (including proper ventilation)

were in place and with hides that still had hair. **Playing on African drums, owning drums or attending African dance performances and touching finished animal hides are not associated with inhalation anthrax.** More information on this is included in the attached Frequently Asked Questions document.

The patient's worksite in the Brooklyn warehouse, private residence and the van used to transport the hides have tested positive for *Bacillus anthracis*. These findings are consistent with the hypothesis that the patient's exposure occurred while working on contaminated hides while making traditional drums. The case-patient had an unusual risk in that he had close contact with untanned hides during which dust laden with particles from the animal skin (e.g., hair, embedded dirt or animal products) may have been aerosolized in an unventilated space. A plan for cleaning these areas is being developed in conjunction with the Environmental Protection Agency.

Out of an abundance of caution, public health and safety officials are also evaluating a residence in Crown Heights, where untanned hides from the Brooklyn storage facility were brought into the residence and hair was mechanically removed. Results are pending and will be provided, when available.

The joint public health and law enforcement investigation of this case has identified seven persons requiring prophylactic antibiotic therapy. These people either (a) mechanically removed hair from untanned animal hides obtained from the case-patient or (b) were in the room around the time hair was mechanically removed from the hides using a razor, and are at potential risk for inhalation anthrax. **No additional cases of inhalation or cutaneous anthrax have been identified.** Testing of the isolate from the case-patient reveals that it is susceptible to all standard antibiotics approved for treatment and prophylaxis of anthrax including doxycycline, ciprofloxacin and penicillin. We ask that providers evaluating individuals with exposure to untanned animal hides consult with DOHMH prior to recommending antibiotic prophylaxis.

**Important information on anthrax for clinical microbiologists:**

Clinical microbiology laboratories should take care not to regard all isolates of *Bacillus species* as contaminants, especially if isolated from sterile sites {blood, cerebrospinal fluid} and/or multiple cultures are positive from the same patient. All such isolates should be immediately referred to the DOHMH at the numbers listed below for further testing. Clinical laboratory specimens should be handled in Biosafety Level 2 facilities. Confirmatory diagnostic testing is available through the NYC Public Health Laboratory; and can be arranged by calling the DOHMH. Positive specimens will be sent to the CDC for additional testing.

Presumptive Microbiologic Identification Key for *Bacillus anthracis*

- Gram-positive, spore-forming rod
- Non-hemolytic
- Non-motile
- Encapsulated (requires India ink to visualize the capsule)

**We ask that practitioners report all suspect cases of anthrax infections by calling the following numbers:**

<b>During business hours:</b>	<b>212-788-9830</b>
<b>After hours, contact the Poison Control Center:</b>	<b>212-764-7667 or 1-800-222-1222</b>

We appreciate our ongoing partnership with New York City healthcare providers in reporting and investigating unusual disease manifestations or clusters. We will be providing updated information as soon as it is available.

Sincerely,  
*Marci Layton MD*  
Marci Layton, MD, Assistant Commissioner  
Bureau of Communicable Disease