



FLESH-EATING DISEASE

The Issue

Flesh-eating disease is rare. When it does occur, it is very serious and can lead to death. It is important to know the symptoms, and how to minimize your risks.

Background

Flesh-eating disease is the common name for necrotizing fasciitis (nek-roe-tie-zing fah-shee-eye-tis), an infection that works its way rapidly through the layers of tissue (the fascia) that surround muscles. It destroys tissue and can cause death within 12 to 24 hours. It is estimated that there are between 90 and 200 cases per year in Canada, and about 20 to 30 percent of these are fatal.

The symptoms of flesh-eating disease include a high fever, and a red, severely painful swelling that feels hot and spreads rapidly. The skin may become purplish and then die. There may be extensive tissue destruction. Sometimes the swelling starts at the site of a minor injury, such as a small cut or bruise, but in other cases there is no obvious source of infection.

Flesh-eating disease can be caused by a number of different bacteria, including group A streptococcus (GAS). GAS is a very common bacteria. Many people carry it in the throat or on their skin without getting sick. It is the same bacteria that causes strep throat, and can also cause impetigo, scarlet fever and rheumatic fever. In rare instances, GAS will cause serious illnesses, including pneumonia, meningitis, blood poisoning (bacteremia), streptococcal toxic-shock syndrome and flesh-eating disease.

Few people who come into contact with GAS will develop a serious disease. The bacteria are normally spread through close personal contact, such as kissing or sharing cutlery with someone who is infected. People who are ill, such as those with strep throat or skin infections, are most likely to spread the bacteria. People who carry the bacteria, but have no symptoms, are much less contagious.

Risk Factors

Scientists do not know exactly why group A streptococcus causes only minor infections for some people, but poses a serious threat to others. However, some risk factors have been identified, including:

- A weakened immune system, which could be caused by such factors as disease (HIV infection, AIDS), cancer treatments (radiation and chemotherapy), or by taking anti-rejection drugs following an organ or bone-marrow transplant
- Chronic diseases, including heart, lung or liver disease
- Recent close contact with someone who has flesh-eating disease that was caused by GAS
- Chickenpox – it should be noted, however, that while flesh-eating disease is a complication of chickenpox in children, very few children with chickenpox will develop flesh-eating disease

Keep in mind that flesh-eating disease is very rare. Your chance of getting it is low, even when these risk factors are present.



Treatment for Flesh-eating Disease

Because flesh-eating disease progresses so rapidly, treatment usually involves surgery to remove the infected tissue and antibiotics to fight the infection. There is no vaccine to prevent flesh-eating disease.

Minimizing Your Risk

The following steps will help to minimize any risk that exists:

- Seek immediate medical attention if you have the symptoms of flesh-eating disease.
- If you have been in close contact with someone who has flesh-eating disease caused by GAS, consult your doctor. It may be a good idea to take antibiotics as a precaution.
- Take proper care of minor wounds and cuts. Wash the affected area in warm soapy water, and keep it clean and dry with a bandage.

and other public health officials, to develop new strategies to fight diseases caused by GAS.

Need More Info?

For information about flesh-eating disease and children, visit the Canadian Pediatric Society's Web site:

<http://www.caringforkids.cps.ca/whensick/StrepInfections.htm>

For more information about group A streptococcal diseases visit:

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/groupastreptococcal_g.htm

For more information on the National Streptococcus Centre in Edmonton visit:

<http://www2.provlab.ab.ca/bugs/vlab/ncs/NCS-GTS02-031.pdf>

For more It's Your Health articles go to:

<http://www.hc-sc.gc.ca/english/iyh/index.html>

Health Canada's Role

Health Canada works with provincial and territorial public health officials to monitor infectious diseases. When requested, Health Canada will help investigate clusters of infectious diseases.

Serious GAS infections, including flesh-eating disease, have been under national surveillance since January 2000. In addition, Health Canada works with health partners, including the National Streptococcus Centre in Edmonton