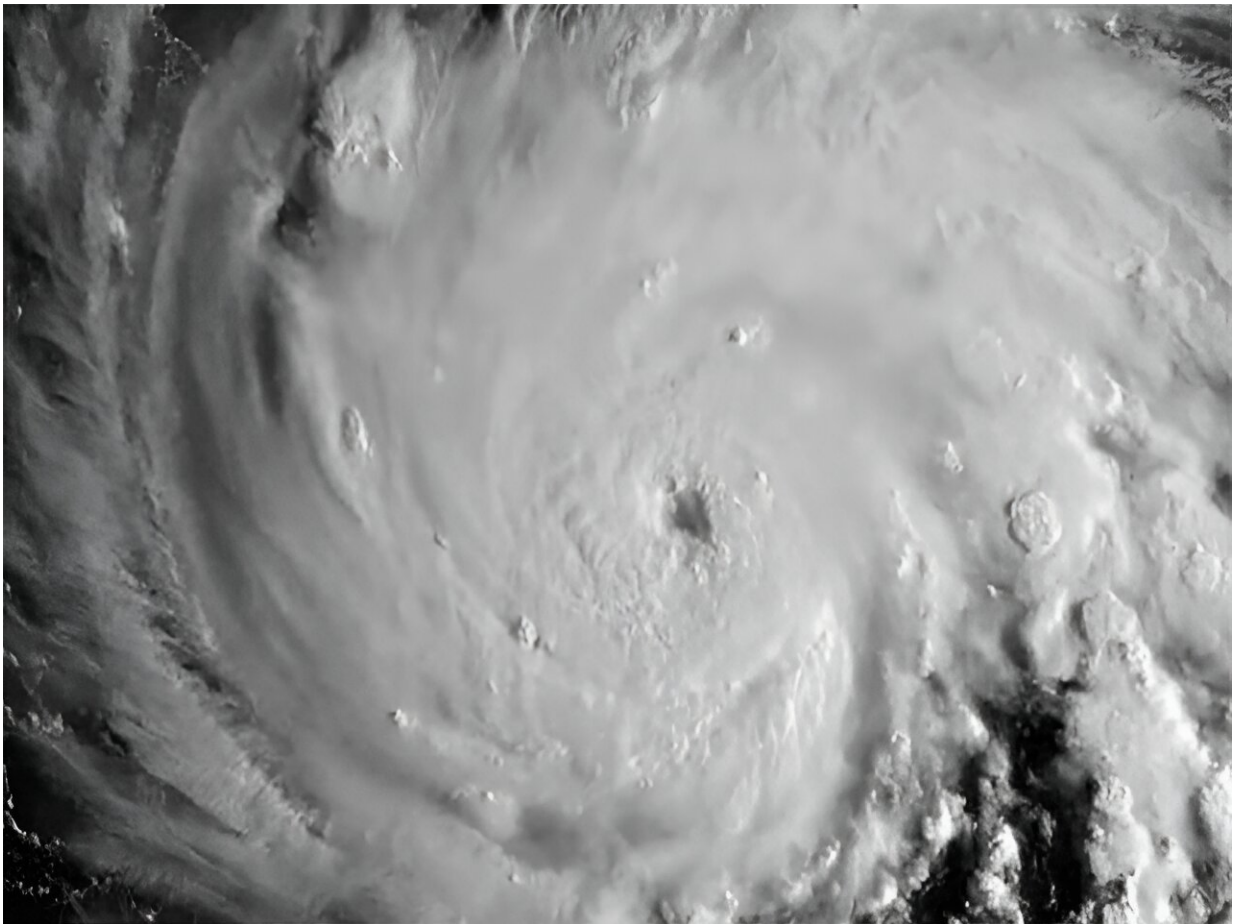


CDC: Warm waters raise risk for flesh-eating bacteria

September 7 2023, by Physician's Briefing Staff



As waters warm across the United States and hurricanes and flooding

season begin, the odds of being infected by flesh-eating bacteria are also rising, U.S. health officials warn.

According to a Sept. 1 [health alert](#) from the U.S. Centers for Disease Control and Prevention, a dozen types of the bacteria *Vibrio* cause an estimated 80,000 such illnesses each year. One particular type of bacteria, *Vibrio vulnificus*, can cause life-threatening "flesh-eating" infections. About 150 to 200 of these infections are reported each year, and about one in five of those infected die, sometimes within a day or two after becoming ill, the CDC noted in a news release.

Vibrio bacteria thrive in warmer water, especially during the summer months and when hurricanes hit. In the United States, infections have been mostly seen in Gulf Coast states. Infections in the Eastern United States have increased eightfold from 1988 to 2018 and moved up the coast by about 30 miles per year. Connecticut, New York, and North Carolina have now seen severe and fatal infections.

Most people get infected by eating raw or undercooked shellfish, particularly oysters, the CDC warns. Some people, however, are infected when an [open wound](#) is exposed to the bacteria. Coastal floods, hurricanes, and [storm surges](#) can force [coastal waters](#) inland, putting people who are exposed to these waters at increased risk for vibrio infections. Those at higher risk for infection include people with underlying health conditions, such as liver disease, diabetes, and immunocompromising conditions.

The CDC urges clinicians to consider *V. vulnificus* as a possible cause of infected wounds that were exposed to coastal waters, particularly near the Gulf of Mexico or East Coast, and during periods with warmer coastal sea surface temperatures. If *V. vulnificus* infection is suspected, clinicians should obtain wound or hemorrhagic bullae cultures and send any *V. vulnificus* isolates to a local laboratory. Prompt treatment with

doxycycline and a third-generation cephalosporin is recommended.

More information: [More Information](#)

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Citation: CDC: Warm waters raise risk for flesh-eating bacteria (2023, September 7) retrieved 9 May 2024 from <https://medicalxpress.com/news/2023-09-cdc-flesh-eating-bacteria.html>

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