

Buruli ulcer clinician alert

Information for ACT Clinicians – 6 December 2023

Key Points

- **Three locally acquired cases of Buruli ulcer have been reported in the Batemans Bay area since 2021.**
- **Please consider a diagnosis of Buruli ulcer in your patients who have spent time in the Batemans Bay area (or other areas where transmission is known to occur) if they have a non-healing, enlarging skin ulcer with undermined edges, with no alternative explanation and not responding to routine antibiotic treatment.**
- **Mosquito bite prevention measures are recommended, particularly for travellers to areas where Buruli ulcer transmission is known to occur.**

What is the situation?

The Southern NSW Local District Public Health Unit is investigating the risk of [locally acquired Buruli ulcer on the South Coast of NSW](#). Three locally acquired cases of Buruli ulcer have been reported since 2021 in the Batemans Bay area. None of these has been in ACT residents.

While Buruli ulcer has been routinely reported in parts of Queensland, Northern Territory and Victoria, this is the first time local transmission has been observed in NSW to date.

What is Buruli ulcer?

Buruli ulcer (sometimes referred to as Bairnsdale ulcer or Daintree ulcer) is caused by the bacterium *Mycobacterium ulcerans*. The mode of transmission is not known exactly, although there is evidence from Victoria that mosquitoes and possums have a role in transmitting the infection. The average incubation period is estimated to be between four and five months, but can range from one to nine months.

Buruli ulcer typically starts as a painless erythematous nodule or papule resembling an insect bite, usually in exposed areas on limbs, and forms a characteristic ulcer with undermined edges over weeks to months. If left untreated, extensive ulceration and tissue loss can occur.

Advice for ACT Clinicians

Please consider a diagnosis of Buruli ulcer in your patients who have spent time in the Batemans Bay area, or in other known endemic areas including coastal regions of Victoria, Far North Queensland and the Northern Territory, if they have a non-healing, enlarging skin ulcer with undermined edges, with no alternative explanation and not responding to routine antibiotic treatment.

Specific diagnostic tests for Buruli Ulcer include:

- *M. ulcerans* nucleic acid testing (use viral swab for collection)
- tissue biopsy for culture and histopathology.

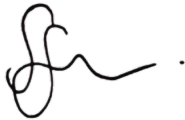
Please consult an Infectious Diseases Physician where there is high clinical suspicion. In Australia, many cases of *M. ulcerans* infection are managed with oral antibiotics alone. Surgery may be required in some patients for extensive disease. Specialist input is warranted.

Remind patients about the steps that they can take to avoid mosquito bites, particularly when visiting endemic areas, and areas where transmission has been identified. More information on mosquito avoidance can be found on the [ACT Health Mosquitoes – risk and prevention webpage](#).

Further information

Further information about Buruli ulcer can be found on the Victorian Health website: [Mycobacterium ulcerans infection](#) (health.vic.gov.au).

Please contact **ACT Health Public Health Response Unit** (02 5124 9213) for more information.



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ACT Health
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