Center for Policy, Planning and Evaluation Administration
Division of Epidemiology – Disease Surveillance and Investigation

April 6, 2018

Health Notice for District of Columbia Healthcare Providers
Coagulopathy in Patients Reporting Synthetic Cannabinoid Use

Summary

As of April 6th, nearly 90 cases of severe bleeding, including two fatalities, have been reported in Illinois following suspected exposure to synthetic cannabinoids contaminated with long-acting anticoagulants. Since the initial reports on March 7th, the outbreak has spread with possible cases in Indiana, Maryland, Missouri, Wisconsin and Virginia. DC Health and the National Capital Poison Center are aware of cases being investigated in metro DC, however none of these exposures have been established as definitely related.

Background

Synthetic cannabinoids are man-made chemicals that bind to the same receptors as marijuana and other cannabis products. These chemicals are mixed with a pulverized plant mixture and smoked, sold as liquids to be vaporized and inhaled using e-cigarettes or similar vaping products, ingested, or injected. They are sold as “incense” or “herbal blends” under brand names such as fake weed, K2, K3, Spice, Genie, and Black Mamba.

Patients presenting with synthetic cannabinoid exposure may exhibit agitation, hallucinations, paranoia, seizures, hypertension, tachycardia, dysrhythmias, vomiting, abdominal pain, rhabdomyolysis, renal failure and traumatic injury due to behavioral disturbances. Since March 7th, emergency departments in various states have noted patients with a history of synthetic cannabinoid use clinically presenting with symptoms of coagulopathy, concerning for use of synthetic cannabinoids contaminated with long-acting anticoagulants. Patients exposed to the contaminated product may also exhibit signs of bleeding such as hypotension, tachycardia, intracranial hemorrhage, ecchymosis, bleeding from gums, hematemesis, melena, hemoptysis or hematuria.

Although there are several long-acting anticoagulants, brodifacoum has been identified as the contaminant in the samples tested to date. The terminal half-life of brodifacoum ranges from 24-70 days based on case reports, thus the drug can be detected in whole blood, serum, or plasma long after the exposure and coagulopathy may be prolonged, even up to 7 months or more.

Recommendations for DC Healthcare Providers

As ED and urgent care providers are likely to be the first healthcare providers to encounter these patients, we encourage you to implement the following guidance for patients who present with bleeding not from an injury and not otherwise explained, including epistaxis, bleeding of the gums, bruising, hematemesis, hematuria, hematochezia, or menorrhagia:

1. Ask patients if they have used synthetic cannabinoids within the last 3 months. Terms for these products include K2, spice, synthetic marijuana, fake weed/legal weed, and genie.

2. If the patient reports synthetic cannabinoid use or you suspect use and there is a high clinical suspicion for coagulopathy, consider checking the patient's INR before releasing them.

3. If you encounter a patient with significant bleeding and an elevated INR without a definitive etiology (e.g. taking warfarin or overdose of rat poison), please promptly report the case to the National Capital Poison Control Center at 1 (800) 222-1222.

4. If you have previously encountered any similar cases since February 1, 2018, please also promptly report the case to the National Capital Poison Control Center at 1 (800) 222-1222.

Please contact the DC Health Division of Epidemiology–Disease Surveillance and Investigation for more information related to this advisory:
Phone: 202-727-3616 (8:15am-4:45pm) | 1-844-493-2652 (after-hours calls)