PENNSYLVANIA DEPARTMENT OF HEALTH
HEALTH ALERT #12

Date: October 15, 2001

Subject: Update: Addressing Public Concerns About Anthrax

To: Health Alert Network

From: Robert S. Zimmerman, Jr.
Secretary of Health

HOSPITALS: PLEASE SHARE THIS ALERT WITH ALL MEDICAL, PEDIATRIC, NURSING, LABORATORY, RADIOLOGY AND PHARMACY STAFF IN YOUR HOSPITAL.

EMS PERSONNEL: Patients ARE NOT to be transported to hospitals until decontamination has occurred.
Also, DO NOT transport the substance that is the "alleged contaminant" with the patient. Police personnel or HAZ-MAT personnel will handle the transportation of the substance to an appropriate laboratory.

How to handle patients with anthrax concerns:

A. Asymptomatic patient WITHOUT known exposure

- Provide reassurance to the patient about the rarity of infection without known exposure.
- **There is no screening test available for the detection of anthrax infection in an asymptomatic person. Nasopharyngeal swabs and blood serum tests should not be used for diagnosis or screening.** NP swabs and serologic tests are used ONLY to confirm a symptomatic case or as an epidemiologic tool.

B. Asymptomatic patient WITH potential exposure
Contact local law enforcement and local public health authorities immediately.

- Conduct an individual risk assessment with public health and law enforcement authorities. Generally, if the threat is deemed credible, we will recommend that the suspect contaminated item be tested at the DOH Bureau of Laboratories and the results obtained PRIOR to recommending any prophylaxis.
- Decontaminating the patient, other than by washing with soap and water, is not routinely recommended.
- **There is no screening test available for the detection of anthrax infection in an asymptomatic person. Nasopharyngeal swabs and blood serum tests should not be used for diagnosis or screening.** NP swabs and serologic tests are used ONLY to confirm a symptomatic case or as an epidemiologic tool.

If public health authorities determine that an anthrax exposure has occurred, postexposure prophylaxis will be recommended:

POST-EXPOSURE PROPHYLAXIS REGIMEN FOR ANTHRAX:

	Initial therapy	Duration
Adults (including pregnant women [1,2] and immmunocompromised)	Ciprofloxacin 500 mg po BID **Or** Doxycycline 100 mg po BID	60 days
Children [1,3]	Ciprofloxacin 15-20 mg/kg po Q12 hrs[4] **Or** Doxycycline[5]: >8 yrs and >45 kg: 100 mg po BID >8 yrs and 45 kg: 2.2 mg/kg po BID 8 yrs: 2.2 mg/kg po BID	60 days

C. Patients with symptoms compatible with anthrax
Contact local law enforcement and local public health authorities immediately.

- Since flu season is upon us, many patients with upper respiratory tract symptoms can be expected to present for medical care. Influenza should be high on the differential diagnosis. Rapid testing for influenza (and respiratory syncytial virus) is available commercially at many local hospitals and laboratories in Pennsylvania and can provide results in a matter of hours. We recommend that these tests be used. If you are unable to find a local source for these tests, the Pennsylvania Department of Health (877-PA-HEALTH) may be able to assist you in locating one.
- Confirm the diagnosis by obtaining the appropriate laboratory specimens based on the clinical form of anthrax that is suspected (inhalational, gastrointestinal, or cutaneous):
  - Inhalational anthrax: blood, CSF (if meningeal signs are present); chest X-ray
  - Gastrointestinal anthrax: blood
  - Cutaneous anthrax: vesicular fluid and blood
- For **highly suspect** clinical cases, additional special studies may be available at reference laboratories. Please consult with PA DOH for more information.

Evaluation of possible anthrax infection for individuals not connected with the AMI incident in Florida should be performed through standard laboratory tests on clinical samples such as blood, CSF, or skin lesions (vesicular fluid, eschar, or punch biopsy) plated on sheep blood agar:

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[1] If susceptibility testing indicates susceptibility, as in the recent *B. anthracis* exposures in Florida, therapy should be changed to oral amoxicillin for post-exposure prophylaxis to continue for 60 days.
[2] Although tetracyclines are not recommended during pregnancy, their use may be indicated for life-threatening illness. Adverse affects on developing teeth and bones are dose related, therefore, doxycycline might be used for a short course of therapy (7-14 days) prior to the 6th month of gestation. Consult physician after the 6th month of gestation for recommendations.
[3] Use of tetracyclines and fluoroquinolones in children has adverse effects. These risks must be weighed carefully against the risk for developing life-threatening disease. If a release of *B. anthracis* is confirmed, children should be treated initially with ciprofloxacin or doxycycline as prophylaxis but therapy should be changed to oral amoxicillin 80 mg/kg of body mass per day divided every 8 hours (not to exceed 500 mg three times daily) as soon as penicillin susceptibility of the organism has been confirmed.
[4] Ciprofloxacin dose should not exceed 1 gram/day in children.
[5] In 1991, the American Academy of Pediatrics amended their recommendation to allow treatment of young children with tetracyclines for serious infections, such as Rocky Mountain spotted fever, for which doxycycline may be indicated. Doxycycline is preferred for its twice-a-day dosing and low incidence of gastrointestinal side effects.

Presumptive identification criteria (hospital clinical microbiology laboratory)

a. Large Gram-positive rods with or without a central vacuole
(The organism decolorizes easily, so it might appear Gram negative if proper technique is not used.)
b. Non-motile
c. Non-hemolytic
d. Encapsulated

Any suspected isolate of *B. anthracis* must be reported to the DOH Bureau of Laboratories IMMEDIATELY. The State Public Health Laboratory is available for consultation or testing 24 hours per day at (610) 280-3464.

The following advice to the public from the Centers for Disease Control and Prevention may be helpful in addressing public concerns:

How To Handle Anthrax and Other Biological Agent Threats:
Many facilities in communities around the country have received anthrax threat letters. Most were empty envelopes; some have contained powdery substances. The purpose of these guidelines is to recommend procedures for handling such incidents.

DO NOT PANIC

1. **Anthrax organisms can cause infection in the skin, gastrointestinal system, or the lungs. To do, so the organism must be rubbed into abraded skin, swallowed, or inhaled as a fine, aerosolized mist. Disease can be prevented after exposure to the anthrax spores by early treatment with the appropriate antibiotics. Anthrax is not spread from one person to another person.**

2. For anthrax to be effective as a covert agent, it must be aerosolized into very small particles. This is difficult to do, and requires a great deal of technical skill and special equipment. If these small particles are inhaled, life-threatening lung infection can occur, but prompt recognition and treatment are effective.

Suspicious Letter or Package

1. Do not shake or empty the contents of any suspicious envelope or package; DO NOT try to clean up powders or fluids..
2. PLACE the envelope or package in a plastic bag or some other type of container to prevent leakage of contents.
3. If you do not have any container, then COVER the envelope or package with anything (e.g., clothing, paper, trash can, etc.) and do not remove this cover.
4. Then LEAVE the room and CLOSE the door, or section off the area to prevent others from entering (i.e., keep others away).
5. WASH your hands with **soap and water** to prevent spreading any powder to your face or skin.
6. What to do next…
   - If you are at **HOME**, then report the incident to local police.
   - If you are at **WORK**, then report the incident to local police, **and** notify your building security official or an available supervisor.
7. If possible, LIST all people who were in the room or area when this suspicious letter or package was recognized. Give this list to both the local public health authorities and law enforcement officials for follow-up investigations and advice.
8. Remove heavily contaminated clothing and place in a plastic bag that can be sealed; give the bag to law enforcement personnel.
9. Shower with soap and water as soon as possible. Do not use bleach or disinfectant on your skin.

This information is current as of 2 pm, October 15, 2001, but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject as well as the latest information on our preparedness efforts.