

## **ANTHRAX SUMMARY FOR IHS CLINICIANS**

### **PUBLIC HEALTH RESPONSE**

We have recently been informed by the Bureau of Indian Affairs (BIA) that all of their employees have received a letter that was processed in one of the Washington, D.C., mail sites demonstrated to have measurable levels of anthrax. We have advised the BIA and they have advised their employees that they are at extremely low risk for anthrax exposure. Notwithstanding, some employees may present to your clinic with concerns about this event. We are currently not recommending screening with nasal swabs or prophylaxis with antibiotics. However, we offer this simple reminder at this time to clinicians of the considerations to be addressed in meeting the needs of patients who may have been exposed or are concerned about exposure.

In the current environment, a suspected exposure event or a single case of anthrax must be considered a bioterrorism incident until proven otherwise. The response will involve law enforcement as well as local, Tribal, State, and Federal health authorities. If you are informed of a bioterrorism incident or threat, the Clinical Director/SUD should immediately notify:

1. FBI and local law enforcement.
2. Local Health Officer.
3. Tribal Health Official.
4. IHS Area Director/CMO.

If you suspect that an illness may possibly be due to a bioterrorism incident, first inform and involve the State Health Department, Area CMO, and IHS National Epidemiology Program (505) 248-4226, or the Tribal Epidemiological Center.

Guidelines and recommendations are changing frequently; for the most current information, consult the CDC bioterrorism website: <http://www.bt.cdc.gov/>

### **CLINICAL FEATURES**

A good presentation of the clinical features of anthrax (with pictures) can be viewed at:

<http://www.bt.cdc.gov/DocumentsApp/Anthrax/Clinical/ClinicalAnthrax.pdf>

- Cutaneous anthrax lesions have a characteristic appearance and progression. See website.
- GI anthrax may present with abdominal pain, bloody vomiting or diarrhea, followed by fever and signs of septicemia.

- Inhalation anthrax presents with non-specific flu-like symptoms of myalgia, fatigue, and fever, with or without respiratory symptoms. This is followed (in hours to a few days) by rapid progression to dyspnea, hypoxia, and shock. CXR may show widened mediastinum and pleural effusions often associated with meningitis.

## **SCREENING, DIAGNOSIS, AND TREATMENT**

- Persons with no symptoms and low probability of exposure: cultures and prophylaxis are not indicated. Educate to signs/symptoms. The recent BIA mass mailing incident is an example of this category.
- Persons with mild, non-specific illness and no known exposure or low probability of exposure: cultures and/or prophylaxis are not recommended. Reconsider if symptoms worsen.
- Persons with mild, non-specific illness and possible exposure: consult immediately with State Health Department; culture and prophylaxis may or may not be recommended.
- Persons with no symptoms and known or high probability of exposure: Discuss immediately with State Epidemiology office; prophylaxis and epidemiological investigation are indicated.
- Persons with high clinical suspicion (fulminant disease, typical lesions) regardless of exposure status: Obtain appropriate cultures prior to beginning presumptive treatment per published CDC guidelines. Discuss with State Epidemiology Office, who will in most cases be your best conduit to appropriate investigation and laboratory testing.

For further information and assistance in assessing exposure, contact: the State Epidemiology Office, IHS National Epidemiology Program, or Tribal Epidemiology Centers.

See MMWR 10/26/01 for current screening, treatment and prophylaxis regimens:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5042a1.htm>