



NOV 01 2001

Dear Tribal Leader:

Recent bioterrorism events in Florida, New York, New Jersey, and Washington, D.C., have led to widespread reports of other threats, events, and hoaxes. To date, there have been no confirmed bioterrorism events in any American Indian or Alaska Native community. In case your community should receive a bioterrorism threat or alert, I am providing you with information to help reduce fear and panic in your community, especially for an anthrax threat.

Anthrax is a serious, but very treatable, infection most commonly found in hooved animals such as horses and cattle. It can infect humans as well, as we have seen in the recent spate of infections resulting from purposefully contaminated letters mailed to Congress and various media outlets in the U.S. in the last few weeks. People can become infected through contact with anthrax spores, which are tiny seed-like forms of the disease. These spores can survive drying out and freezing, and are very difficult to kill using routine cleaning. Swallowed spores can cause intestinal anthrax, and inhaled spores can cause inhalation anthrax, the most serious form of the disease. However, the spores do not become airborne easily; therefore, people are more likely to become exposed to the spores through breaks in their skin, which can cause cutaneous anthrax.

Cutaneous anthrax causes a boil to develop on the skin at first, with a black scab forming later. This form of anthrax is easily treated with antibiotics, with complete recovery expected even if treatment begins after the first lesion appears. Early symptoms of inhalation anthrax are similar to flu symptoms and are very difficult for a doctor to identify unless anthrax is suspected. Intestinal anthrax causes severe nausea, vomiting, and fever at first, followed by diarrhea and vomiting blood.

All forms of anthrax can be treated with several different types of antibiotics, including doxycycline and ciprofloxacin, both of which are stocked in Indian Health Service (IHS) and tribal pharmacies. Anthrax infection can be prevented by taking antibiotics as soon as one is exposed. The sooner it is recognized and treatment begins, the better the expected outcome.

Anthrax is not spread from person to person, so household members and other contacts of infected patients do not need preventive treatment unless they were also exposed to the original source of infection. A vaccine is available to the military but currently is not recommended for use by the general public because it can have serious side effects.

Having a plan in place for responding to bioterrorism can provide an orderly approach to dealing with a real or perceived threat. Medical and public safety personnel must deal with bioterrorism threats in a unified and coordinated way. As with any potential crisis, communication among all those involved is essential, including the local tribal government, health care facility, and law enforcement, as well as state and national groups. Most state health departments have developed plans for responding to bioterrorism.

The IHS National Epidemiology Program (NEP), regional Tribal Epidemiology Centers (TEC), and the Centers for Disease Control and Prevention (CDC) are available to assist you and your community in developing a local response plan if a bioterrorism event occurs in your community. For information on bioterrorism, visit the CDC website at <http://www.bt.cdc.gov> For additional information, you can contact the IHS NEP office on (505)248-4226, or your local TEC, IHS Area Office, or local IHS service unit.

Information about anthrax was provided to IHS employees in a letter that was sent today. A copy is enclosed for your information. In addition, I am enclosing a copy of the guidance that was provided to our clinical staff as well. These letters should answer many questions that you have.

I am sure that as we work together to protect and safeguard our people, we will deal courageously and effectively with this threat, as we have with so many adverse situations before.

Sincerely yours.

/Michael H. Trujillo/

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Enclosures