

## Anthrax

7) Specific treatment: Penicillin is the drug of choice for cutaneous anthrax and is given for 5-7 days.

Tetracyclines, erythromycin and chloramphenicol are also effective. The U.S. military recommends parenteral ciprofloxacin or doxycycline for inhalational anthrax; the duration of therapy is not well defined.

C. Epidemic measures: Outbreaks may be an occupational hazard of animal husbandry. The occasional epidemics in the USA are local industrial outbreaks among employees who work with animal products, especially goat hair.

Outbreaks related to handling and consuming meat from infected cattle have occurred in Asia, Africa and the former Soviet Union.

D. Disaster implications: None, except in case of floods in previously infected areas.

E. International measures: Sterilize imported bone meal before use as animal feed. Disinfect wool, hair and other products when indicated and practical.

F. Bioterrorism measures: During 1998, more than two dozen anthrax threats were made in the USA. None of these threats was real. The general procedures in the USA for dealing with these civilian threats include the following:

- 1) Anyone who receives a threat about dissemination of anthrax organisms should notify the local office of the Federal Bureau of investigation (FBI) immediately.
- 2) In the USA, the FBI has primary responsibility for the investigation of such biological threats, and all other agencies are to cooperate and provide assistance as requested by the FBI.
- 3) Local and state health departments should be notified also and be ready to provide any public health management and follow-up that may be needed.
- 4) Persons who may have been exposed to anthrax are not contagious, so quarantine is not appropriate.
- 5) Persons who may have been exposed should be advised to await laboratory results and need not be placed on chemoprophylaxis. If they become ill before laboratory results are available, they should immediately contact their local health department and proceed to a predetermined emergency care unit, where they should inform the attending staff of their potential exposure.
- 6) If the threat of exposure to aerosolized anthrax is credible or confirmed, persons at risk should begin postexposure prophylaxis with both an appropriate antibiotic (fluoroquinolones are the drugs of choice; doxycycline is an alternative) and vaccine. Postexposure immunization with an inactivated, cell-free anthrax vaccine is indicated in conjunction with chemoprophylaxis following a proven biologic incident. Immunization is recommended because of the uncertainty of when or if inhaled spores may

germinate. Postexposure immunization consists of three injections: as soon as possible after exposure and at 2 and 4 weeks after exposure. This vaccine has not been evaluated for safety and efficacy in children less than 18 years of age or adults 60 years of age or older.

7) All first responders should follow local protocols for incidents involving biological hazards.

8) Responders can be protected from anthrax spores by donning splash protection, gloves and a full face respirator with high-efficiency particle air (HEPA) filters (Level C) or self-contained breathing apparatus (SCBA) (Level B).

9) Persons who may have been exposed and are potentially contaminated should be decontaminated with soap and copious amounts of water in a shower. Usually no bleach solutions are required. A 1:10 dilution of household bleach (i.e., a final hypochlorite concentration of 0.5%) should be used only if there is gross contamination with the agent and an inability to remove the materials through soap and water decontamination. The use of bleach decontamination is recommended only after soap and water decontamination, and the solution should be rinsed off after 10 to 15 minutes.

10) All persons who are to be decontaminated should remove their clothing and personal effects and place all items in plastic bags, which should be labeled clearly with the owner's name, contact telephone number and inventory of the bag's contents. Personal items may be kept as evidence in a