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ATTENTION

Public Health

Update

The Westchester County Department of Health provides public health updates to members of the medical community on important issues affecting public health in Westchester. These updates are available on the Physician's Corner of our website at www.westchestergov.com/health/physicianscor.htm

November 5, 2001

ALERT #7: Update on Anthrax Outbreak in New York City

- All environmental and nasal swab tests from Manhattan Eye, Ear and Throat Hospital are negative. Therefore, as there is no evidence that the workplace was the site of exposure for the recent inhalational anthrax case, the New York City Department of Health (NYCDOH) is recommending that antibiotic prophylaxis be discontinued for all employees, as well as any patients and visitors who started preventive treatment.
 - The NYCDOH announced on 11/2/01 that a laboratory-confirmed case of cutaneous anthrax in New York City (NYC) was diagnosed in an employee of the New York Post who had contact with a letter postmarked 9/18 that was known to be contaminated with anthrax spores.
 - CDC recommends continuation of antibiotic prophylaxis for postal employees who work on 2 South and 3 South at the Morgan Facility in NYC
 - To date, anthrax has NOT been found in Westchester County
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- The Westchester County Department of Health (WCDH) -
Requests Immediate Reporting of any Suspected Anthrax Cases

TO: Medical Directors, Emergency Department Directors, Infection Control Practitioners, Infectious Disease Physicians, Hospital CEOs, and Laboratory Directors:

Please Share this Alert with the Following Key Staff at Your Hospital:

- 1 – Hospital Administration
- 2 – All Medical and Nursing Staff, including dermatology and radiology staff
- 3 – Emergency Departments
- 4 - Hospital Safety Director
- 5 – Hospital Pharmacy and Laboratories

1 – Discontinuation of antibiotic prophylaxis at the Manhattan Eye Ear and Throat Hospital

(MEETH): The 61-year-old female who died of inhalational anthrax worked in the stock room at the MEETH, which is adjacent to the mailroom, and she occasionally handled mail. As a precautionary measure, while awaiting the results of the epidemiological and environmental investigation at the hospital, the NYCDOH recommended antibiotic prophylaxis for inhalational anthrax for all employees at this facility. Although the risk was low, antibiotics were also initially recommended for patients and visitors who had been in the hospital since October 11, 2001.

An extensive environmental and epidemiological investigation was conducted at MEETH last week. The NYCDOH has announced that all environmental and nasal swab testing was negative, and there was no evidence that the hospital was the site of exposure for this patient. **Therefore, the NYCDOH is advising that all employees, patients, and visitors who were started on preventive antibiotic therapy discontinue their medication.**

Environmental tests from the patient's residence in the Bronx are preliminarily negative; final culture results are pending. The NYCDOH, CDC and law enforcement authorities are continuing the investigation to determine the source of her infection.

2 – New case of cutaneous anthrax in New York City: A new case of cutaneous anthrax was diagnosed in a 38-year-old male who is employed at the New York Post. This patient was involved in collecting suspicious threat letters at the Post sometime between October 12 and 15, 2001, including the letter postmarked September 18th that was contaminated with *Bacillus anthracis*. On October 23, he noted a "small bump" on the center of his forehead, which was non-erythematous, non-puritic and painless. By October 27, the lesion had increased in size to approximately 1cm in diameter, and was slightly erythematous and by October 28, the central portion of the lesion was depressed and had turned dark gray in color.

He presented for medical care on October 28; a biopsy was obtained and he was started on ciprofloxacin 500mg BID. He denied any constitutional symptoms. Physical examination was notable for a raised erythematous lesion that was 1.4 cm in diameter with multiple small (2-3mm) areas of dusky necrosis. No surrounding vesicles or induration were noted. There was one left pre-auricular lymph node >1cm in size. The skin biopsy specimen grew *B. anthracis* and was also positive by immunohistochemical staining. The patient is currently doing well.

To date, there have been 8 cases of anthrax in New York City, including 7 cutaneous cases (4 laboratory-confirmed and 3 meeting suspect criteria) and one laboratory-confirmed inhalational case. All seven cutaneous cases have been epidemiologically linked to a media corporation. The source of exposure for the inhalational case remains unknown.

3 – CDC Recommendations for antibiotic prophylaxis among postal workers at the Morgan Facility in NYC: In Washington, D.C., and New Jersey, cases of anthrax were identified among postal employees exposed to contaminated letters. **No cases of anthrax have been identified among postal workers in New York City or in Westchester County.**

On October 24, the U.S. Postal Service began giving antibiotics to about 7000 employees at six NYC facilities (Morgan Facility, James A. Farley Station, Ansonia Station, Times Square Station, Rockefeller Center Station and Radio City Station). Although the risk of inhalational anthrax is low in facilities through which contaminated letters may have passed, antibiotics were given as a precaution. These six facilities were tested for the presence of anthrax spores and employees were evaluated for any illnesses due to anthrax.

Although no illnesses due to anthrax have been identified among postal workers in NYC, anthrax spores have been found at several areas in the Morgan Facility. These spores may pose a very low risk for disease among employees at this facility. To minimize the risk of inhalational anthrax among workers, the CDC has **recommended that all employees who have worked on 2 South and 3 South of the Morgan Facility since October 9th keep taking antibiotics for a total of 60 days.**

There is no evidence of anthrax contamination at the other five sites tested. Therefore, CDC has **recommended that all employees at the James A. Farley Station, Ansonia Station, Times Square Station, Rockefeller Center Station and Radio City Station stop taking antibiotics.**

4 – Update on the multi-state outbreak of bioterrorism-related anthrax: Including the new NYC case, there are now 22 cases nationwide, including 10 inhalational and 12 cutaneous cases. More detailed information on the multi-state outbreak, as well as clinical algorithms for evaluating persons with possible inhalational and cutaneous anthrax (faxed to you on 11/2/01), antibiotic recommendations for management of anthrax exposures in pregnant women and revised guidelines on protecting workers who handle or process mail from exposure to *B. anthracis* are available in the 11/2/01 MMWR at www.cdc.gov/mmwr.

As reported in the 11/2/01 MMWR, the median age of the 10 patients with inhalational anthrax was 56 years (range 43-73 years). The incubation period from the time of exposure, when known, to onset was 7 days (range: 5-11 days). Common clinical features among recent cases of inhalational anthrax include a prodromal illness of 2-5 days duration with fever (n=9), minimally productive cough (n=9), severe fatigue or malaise (n=8), chest discomfort or pleuritic pain (n=8), shortness of breath (n=7), headache (n=5), myalgias (n=4) and gastrointestinal symptoms (n=5). Admission chest radiographs were abnormal in all patients, but in two an initial interpretation was read as normal. Radiographic findings included mediastinal adenopathy, paratracheal and hilar fullness and/or pleural effusions. Blood cultures grew gram-positive bacilli within 24 hours.

Please note the MMWR section addressing antimicrobial prophylaxis in pregnant women. The CDC has advised that it is may be acceptable to use penicillins (*amoxicillin 500 mg po tid*) for pregnant women who are being offered prophylaxis for inhalational anthrax when the isolate involved is susceptible on laboratory testing. However, penicillins are not recommended for treatment due to the concern that this isolate may have inducible penicillinase activity.

5 - Reporting Suspect Cases of Inhalational or Cutaneous Anthrax to the WCDH:

The WCDH requests immediate reporting of all suspected cases of anthrax. An increased index of suspicion should be maintained for inhalational anthrax among persons in higher risk groups, based on the epidemiology of the recent intentional anthrax cases in the United States. These include postal workers (*especially postal employees who work in mail distribution centers where automated sorting machines are located*), persons who work for media corporations or other high profile companies/institutions (*especially if they handle mail*), and persons who have had a potential risk exposure - such as, aerosolization of powder when opening or handling a powder-containing envelope that is deemed to be a credible threat (*e.g., addressed to a high-profile person or corporation, or if the letter contains a written threat*). Initial routine microbiological testing of clinical specimens should be performed in the hospital laboratory. Specimens that are suspicious for *Bacillus anthracis* should be reported immediately to the WCDH so that they can be sent for further testing.

To report a suspect case call:

(914) 813-5159 Monday - Friday 8:30 AM - 4:30 PM

(914) 813-5000 7 days/week, 24 hours/day

We appreciate your ongoing collaboration and understanding as we continue to confront the public health challenges in responding to the terrorist events occurring since September 11th. As the situation continues to evolve almost daily, we will continue to update you with new information via these public health updates.

Sincerely,

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