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# **ATTENTION**

## **Public Health**

### **Update**

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The Westchester County Department of Health provides public health updates to members of the medical community on important issues affecting public health in Westchester

September 26, 2001

**ALERT: Terrorist Attack at the World Trade Center in New York City:  
Medical and Public Health Issues of Concern**

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

**We are sending this broadcast alert to update you on ongoing public health issues following the terrorist attack at the World Trade Center on Tuesday, September 11, 2001.** Local health departments continue to work closely with New York City, State and Federal agencies, including the Centers for Disease Control and Prevention, in a coordinated response to the World Trade Center disaster.

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

- 1 – Hospital Administration**
- 2 – All Medical and Nursing Staff**
- 3 – Emergency Departments**
- 4 - Hospital Safety Director**
- 5 – Hospital Pharmacy and Laboratories**

**Surveillance for Infectious Disease Outbreaks that may Represent Bioterrorism**

Since the terrorist attack on Tuesday, September 11, 2001, in conjunction with the CDC, the NYC Department of Health has been actively monitoring for the possibility of a bioterrorist event in NYC. They have found NO evidence that biological agents were released in NYC; laboratory tests on environmental samples from the affected area after the attack were all negative. Moreover, biological agents would not likely have survived an explosion and fire of the magnitude of the World Trade Center attack. Accordingly, in the absence of any information suggesting that a biological agent has been released, the NYC Department of Health is NOT recommending antibiotic prophylaxis for NYC residents. Westchester County Department of Health also has been monitoring for evidence of bioterrorism.

**At this time there has been NO evidence that a biological agent has been released in Westchester County. In consultation and conjunction with the New York State Department of Health, the Westchester County Department of Health also is NOT recommending antibiotic**

## **prophylaxis, anthrax or smallpox vaccination for Westchester residents or visitors to New York City.**

We have received numerous questions regarding the availability of anthrax and smallpox vaccine. At this time, anthrax vaccine is in limited supply and only available to the military. As a result of the successful smallpox eradication program by 1980, smallpox vaccine was removed from the commercial market in 1983, and is no longer a licensed product in the United States. According to the CDC, the United States Public Health Service maintains an emergency stockpile of approximately 15 million doses. At the present time, smallpox vaccine is provided only to certain laboratory research workers who are at risk of infection with smallpox-like viruses (orthopoxviruses) as a result of occupational exposure. The CDC is authorized to release the vaccine only to these workers under an Investigational New Drug (IND) permit from the Food and Drug Administration. The IND does not allow CDC to release smallpox vaccine to any other person for any other reason. Because of the risks of smallpox vaccine, especially in immunocompromised persons, and because of the limited supply of vaccine available, there is no recommendation for initiating widespread vaccination for smallpox at this time, in the absence of any human cases. More detailed information on smallpox vaccine is available at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5010a1.htm>.

### Clinical Recognition and Management of Suspected Bioterrorism Events

Healthcare providers in Westchester County should be alert to the illness patterns and diagnostic clues that might signal an unusual infectious disease outbreak due to the intentional release of a biological agent and should report these concerns immediately to the Westchester County Department of Health. The covert release of a biological agent will not have an immediate impact because of the delay between exposure and illness onset. Consequently, the first indication of a biologic attack may only be identified when ill patients present to physicians or other healthcare providers for clinical care.

Look for the following clinical and epidemiological clues that may be suggestive of a possible bioterrorist event:

- Any unusual increase or clustering in patients presenting with clinical symptoms that suggest an infectious disease outbreak (*e.g., > 2 patients presenting with an unexplained febrile illness associated with sepsis, pneumonia, adult respiratory distress, mediastinitis, or rash; or a botulism-like syndrome with flaccid muscle paralysis especially if occurring in otherwise healthy individuals*)
- Any case of a suspected or confirmed communicable disease that is not endemic in Westchester County (*e.g., anthrax, plague, tularemia, smallpox, or viral hemorrhagic fever*) or that occurs in a person without a travel history to an endemic area
- Any unusual age distributions for common diseases (*e.g., an increase in what appears to be a chickenpox-like illness among adult patients*)
- Any unusual temporal and/or geographic clustering of illness (*e.g., persons who attended the same public event or religious gathering*)
- Any sudden increase in the following non-specific syndromes, especially if illness is occurring in previously healthy individuals and if there is an obvious common site of exposure:
  - Respiratory illness with fever
  - Gastrointestinal illness
  - Encephalitis or meningitis
  - Neuromuscular illness (*e.g., botulism*)
  - Fever with rash
  - Bleeding disorders
- Simultaneous disease outbreaks in human and animal populations

Some infections caused by biological agents present with distinctive signs that can provide valuable diagnostic clues. In previously healthy persons presenting with a febrile illness, the following signs and symptoms are highly suggestive of infection with certain biological agents:

<u>Diagnostic sign</u>	<u>Disease</u>
▪ Widened mediastinum on CXR:	Inhalational anthrax
▪ Pneumonia with hemoptysis:	Pneumonic plague
▪ Vesicular/pustular rash starting on face and hands, with all lesions at the same stage of development:	Smallpox

Similarly, microbiology laboratorians should be alert to microbiologic clues that may indicate the presence of a potential bioterrorist agent. For example, blood cultures growing Gram-positive rods, especially if found in multiple cultures and/or the clinical syndrome is suggestive of anthrax, should be evaluated for *Bacillus anthracis*. Characteristics of *B. anthracis* include: Gram positive rods, often in chains; non-motile; non-hemolytic on sheep blood agar; positive for India Ink capsule stain if obtained from the blood; and a characteristic consistency of “beaten egg whites” when colonies are picked with an inoculating loop.

Most of the potential pathogens that could be used as a biologic weapon (e.g., anthrax, plague, and smallpox) present initially as a non-specific influenza-like illness. Therefore, an unusual pattern of respiratory or influenza-like illness (e.g., occurring out of season or large numbers of previously healthy patients presenting simultaneously) should prompt clinicians to alert the Westchester County Department of Health. These disease patterns might represent an early start to the influenza season, the introduction of a new pandemic strain, or could be the initial warning of a bioterrorist event.

Response to Suspected BT Event

**Any unusual cluster or manifestations of illness should be reported immediately to the Westchester County Department of Health at:**

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

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

After learning of any suspicious disease cluster, the Westchester County Department of Health will initiate an immediate investigation to determine the clinical diagnosis, as well as the mode of transmission, and whether the cause is natural or intentional.

For more detailed clinical information on specific pathogens that might be used in a bioterrorist event, please consult the following references or Websites:

- American College of Physicians: <http://www.acponline.org/bioterr/>
- Association for Infection Control Practitioners: <http://www.apic.org/bioterror/>
- CDC Bioterrorism Preparedness and Response: <http://www.bt.cdc.gov>.
- Johns Hopkins Center for Civilian Biodefense: <http://www.hopkins-biodefense.org>

In addition, the Johns Hopkins Center for Civilian Biodefense has written consensus guidelines on the

medical and public health management of the primary bioterrorist agents, including smallpox, anthrax, botulism, plague and tularemia. These guidelines were published in the Journal of the American Medical Association and archived copies are available at <http://jama.ama-assn.org>.

- US Army Medical Research Institute of Infectious Diseases:  
<http://www.usamriid.army.mil/education/bluebook.html>

Thank you for your cooperation and assistance in dealing with these important issues.

Sincerely,

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