

This is an official CDC Health Update

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Update on Public Health Precautions related to Orange Threat Level: Part 1

Information on Public Health Response in the Event of a Bioterrorism Emergency

On Sunday, December 21, the nation's threat level was raised from elevated risk ("yellow") to high risk ("orange"), the second highest level of the Homeland Security Advisory System. The change reflects an increased risk of a terrorist attack on the U.S.

At this time, public health agencies, hospitals, and clinicians are urged to be fully prepared to respond to terrorist attacks involving bioterrorism, chemical, or radiation/nuclear weapons. CDC information on these agents, symptoms of exposure and infection, treatment guidelines, surveillance protocols, and laboratory procedures can be found at <http://www.bt.cdc.gov/>

This Health Alert Network (HAN) message is the first of several messages being sent to public health agencies, hospitals, emergency response partners and clinicians to identify CDC resources for use in case of an emergency. Each HAN will focus on a different set of hazard agents that could be used in a terrorist event: bioterrorism, chemical, and radiation/nuclear threats.

Information about Selected Potential Bioterrorism-related Agents and Diseases

Physicians and public health personnel should be alert to significant increases in the number of persons presenting with febrile illnesses associated with respiratory symptoms or rashes that are not immediately attributable to other illnesses such as flu or chickenpox. Clinicians are encouraged to report these cases to state public health departments as part of heightened surveillance associated with the orange threat level.

Following are links where relevant clinical information can be found concerning the most important BT threat agents.

General Information

- <http://www.bt.cdc.gov/>
- <http://www.bt.cdc.gov/Agent/agentlist.asp>
- www.idsociety.org

Anthrax

- <http://www.bt.cdc.gov/agent/anthrax/index.asp>
- www.idsociety.org

Botulism

- <http://www.bt.cdc.gov/agent/botulism/index.asp>
- www.idsociety.org

Brucellosis

- <http://www.bt.cdc.gov/agent/brucellosis/index.asp>

Glanders

- <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4924a3.htm>
- http://www.cdc.gov/ncidod/dbmd/diseaseinfo/glanders_g.htm
- http://www.cdc.gov/ncidod/dbmd/diseaseinfo/glanders_t.htm
- <http://www.emea.eu.int/pdfs/human/bioterror/10.GlandersMeliodosis.pdf>
- <http://www.usamriid.army.mil/education/bluebook/Mmbch4AdobePDFVer4-02.pdf>

Plague

- <http://www.bt.cdc.gov/agent/plague/index.asp>
- www.idsociety.org

Smallpox

- <http://www.bt.cdc.gov/agent/smallpox/index.asp>
- <http://www.bt.cdc.gov/agent/smallpox/overview/disease-facts.asp>
- www.idsociety.org

Tularemia

- <http://www.bt.cdc.gov/agent/tularemia/index.asp>

BioWatch: Federal Initiative to Enhance Nation-Wide Surveillance for Bioterrorism

As a means of enhancing nation-wide surveillance to detect any possible bioterror attack, a federally initiated effort, BioWatch, has been implemented to conduct surveillance for environmental exposures caused by intentional release of biologic agents. The Environmental Protection Agency (EPA) maintains a network of air samplers nationwide for monitoring air pollutants. In BioWatch, air samplers in each of several cities will be equipped for 24 hours-per-day monitoring for selected agents. Filters from these samplers are removed at least once each day and transported to a designated local or state public health laboratory that participates in the Laboratory Response Network (LRN), where they are analyzed using PCR technology for 6 different agents that might be used in acts of bioterrorism (including the causative agents of anthrax and smallpox). Federal agencies, including the Department of Homeland Security (DHS), the Environmental Protection Agency (EPA), and the Centers for Disease Control and Prevention (CDC) are collaborating with local and state officials to implement this program.

Results from BioWatch constitute one of many inputs into public health decision-making. BioWatch data are used by public health officials to interpret signals promptly, deciding on next steps rapidly and prudently. Input from BioWatch, in combination with corroborative information from other sources, could trigger emergency response and consequence management activities. These emergency response activities would, however, follow well-established procedures, with defined roles and responsibilities, for emergency management and would not be unique to BioWatch.

Public Health Roles and Responsibilities during a Bioterrorism Emergency

In a bioterrorism emergency, a broad public health response involving state, local, and Federal public health agencies may be required. Public health activities that may be required include the following

- Deploy the Strategic National Stockpile through the Department of Homeland Security
- Conduct field investigations and monitoring of people

- Conduct surveillance and epidemiological studies
- Establish a disease registry and monitor long-term impacts
- Medical interventions and recommendations
- Establish disease control and prevention measures
- Establish protective action guidelines
- Evaluate health and medical impact on the public and emergency and medical personnel
- Communicate with the public, policy makers, and the media regarding status of public health emergency and necessary public actions to protect public health and safety. CDC information for the public concerning bioterrorism agents can be found at <http://www.bt.cdc.gov/Agent/agentlist.asp>

Public health agencies are encouraged to review plans for emergency response to bioterrorism emergencies:

- www.fema.gov/rrr/frp
- www.epa.gov/ebtpages/emergencyresponse.html
- www.dhs.gov
- www.hhs.gov/disasters/index.shtml

Categories of Health Alert messages:

Health Alert conveys the highest level of importance; warrants immediate action or attention.

Health Advisory provides important information for a specific incident or situation; may not require immediate action.

Health Update provides updated information regarding an incident or situation; unlikely to require immediate action.

##This Message was distributed to State and Local Health Officers, Public Information Officers, Epidemiologists, Lab Directors, Weapons of Mass Destruction Coordinators, HAN Coordinators, as well as Associations and Clinician organizations##