**Supplement 2. Definitions**

Anthrax cases were confirmed in patients by microscopic identification (e.g., Gram stain after 1886), culture, paired sera, polymerase chain reaction, enzyme-linked immunosorbent assay, immunohistochemistry, animal inoculation, or by epidemiological linkage with a confirmed case or positive “environmental (e.g., shaving brush, hide)” culture.

Systemic illness was considered to be present in 1) adults 18 years of age and older who met *any* of the following criteria: temperature <36 or >38 degrees centigrade or described as "hypothermic" or “hyperthermic,” pulse >90 per minute or described as "tachycardic," respiratory rate >20 per minute or described as "tachypneic," systolic blood pressure <90mm Hg or mean arterial pressure (MAP) <70mm Hg or described as "hypotensive" or "in shock,” or white blood cell count >12,000 cells/µL or <4,000 cells/µL; 2) children under 18 years of age who met *any* of the age-specific sepsis criteria described by Goldstein; and 3) any aged patient with a) any secondary organ involvement (e.g., gastrointestinal, pulmonary complications), b) evidence of *B. anthracis* from a normally sterile site (e.g., blood or CSF), c) evidence of ascites or pleural fluid, or d) death.

Anthrax meningitis was analyzed as a dichotomous variable but had confirmed, probable, and suspected subcategories dependent on the following criteria: Confirmed anthrax meningitis was defined as culture of *B. anthracis* from either the CSF or brain; microscopic evidence (e.g., Gram stain) from either the CSF or brain; or positive culture or microscopic evidence from a non-intracranial source accompanied by CSF findings consistent with meningitis (e.g., WBCs > .005 x 109/L). Probable anthrax meningitis was defined as CSF described as bloody, cloudy, or xanthochromic or CT, MRI, or autopsy evidence of a subarachnoid or intracranial hemorrhage or encephalitis. Suspected anthrax meningitis was defined as the presence of meningeal signs (i.e., Kernig sign, Brudzinski sign, nuchal rigidity, photophobia, meningismus) or nonheadache, nonmeningeal neurological signs (e.g., seizure, cranial nerve signs, limb weakness, papilledema).

Fulminant disease was considered to be present in patients who were described as being cyanotic or in shock; who, in the modern era, needed mechanical ventilation or vasopressors; or who died prior to or the day of arrival. Those who lacked these features were considered to have prodromal disease.

Country codes and geographic regions were assigned according to UN criteria.