Anthrax Investigation Guidelines

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SURVEILLANCE CASE DEFINITION

A. Clinical Description for Public Health Surveillance:
An illness with acute onset characterized by several distinct clinical forms including:
- Cutaneous: A skin lesion evolving over 2-6 days from a papule, through a vesicular stage, to a depressed black eschar.
- Inhalation: A brief prodrome resembling a viral respiratory illness followed by development of hypoxia and dyspnea with x-ray evidence of mediastinal widening.
- Intestinal: Severe abdominal distress followed by fever and signs of septicemia.
- Oropharyngeal: Mucosal lesion in the oral cavity or oropharynx, cervical adenopathy and edema and fever.

B. Laboratory Criteria for Diagnosis:
- Isolation of *Bacillus anthracis* from a clinical specimen, or
- Anthrax electrophoretic immunotransblot (EITB) reaction to the protective antigen and/or lethal factor bands in one or more serum samples obtained after onset of symptoms, or
- Demonstration of *B. anthracis* in a clinical specimen by immunofluorescence

C. Case Classification:
- Confirmed: A clinically compatible illness that is laboratory confirmed.
- Probable: A clinically compatible case that is epidemiologically linked to a confirmed case.

D. Laboratory Tests:
Isolates of this organism are not required to be sent to the State Public Health Laboratory; however, they are equipped to test for it if requested.
- Laboratory Kit: Miscellaneous infectious substance.
- Remarks: For additional information and/or questions concerning isolate collection, sample transport and laboratory kits call (785) 296-1620. An online manual of laboratory tests is also available at http://www.kdhe.state.ks.us/labs/links.html

E. Bioterrorism Potential:
Anthrax is a potential bioterrorism weapon. If the case has no remarkable travel history and is not employed in an occupation that is prone to exposure, then a bioterrorist event should be considered. If you suspect that you are
F. Outbreak Definition:
A single case of inhalation anthrax is so unusual that it should be reported and investigated immediately as a potential bioterrorist event. Two or more cases of cutaneous or gastrointestinal anthrax with a common source or suspected common source should be investigated as an outbreak with adequate resources applied to the investigation.

INVESTIGATOR RESPONSIBILITIES
A. Investigation Related Tasks and Activities:
• Conduct an epidemiological investigation to identify the possible source of infection and to locate additional cases and/or contacts in the community.
• Identify the source of infection (e.g., imported wool, livestock, or soil) and prevent further transmission.
• Identify contacts that may have been exposed to the source of infection and refer them for proper prophylaxis therapy.
• Report all confirmed and probable cases to the Bureau of Epidemiology & Disease Prevention, Disease Surveillance using HAWK or the Notifiable Disease Form (Fax 1-877-427-7318).
• Establish and maintain a detailed line listing of all cases and contacts with accurate identifying and locating information.
• Identify cases and/or clusters that may be associated with a bioterrorist event.

B. Notifications:
• Telephone report within 4 hours of suspect or confirmed cases to the Local Health Officer, the on-call epidemiologist (local) and KDHE (1-877-427-7317).
• Mail or deliver the anthrax fact sheet to case and contact person(s).

EPIDEMIOLOGY
Anthrax is primarily a disease of wild and domestic herbivorous (i.e., plant-eating animals). Livestock may be exposed through feed containing contaminated bonemeal. Anthrax is rare in the United States but sporadic cases may occur. Anthrax in animals is common in Central and South America, southern and eastern Europe, Africa and Asia. Persons at greatest risk of contracting anthrax are those whose occupations may expose them to contaminated meat, hides or wool. Veterinarians and others who handle and treat infected animals are also at increased risk.
DISEASE OVERVIEW

A. Agent:
*Bacillus anthracis* is a gram-positive, encapsulated, spore-forming, nonmotile rod.

B. Clinical Description:
An acute bacterial disease which usually involves the skin, but may involve the upper throat, lower respiratory tract, chest cavity or intestinal tract.

- **Cutaneous anthrax** begins as a pruritic papule. Within 1-2 days the formation of a 1-3 cm. fluid-filled vesicle occurs. The vesicle typically dries and forms a coal-black scab or depressed eschar. It most frequently occurs on the hands and forearms of persons working with infected livestock. There may be regional lymphadenopathy, and systemic symptoms such as fever, malaise and headache. The case-fatality rate for cutaneous anthrax ranges from 5-20%.

- **Inhalational anthrax** initial symptoms are mild and often resemble an upper respiratory infection. Severe symptoms follow within 3-5 days, including: respiratory distress, fever, shock and death. Radiological exams typically show a widened mediastinum. Treatment rarely prevents death once the severe symptoms begin. The case-fatality rate for inhalation anthrax is 85-100%.

- **Intestinal anthrax** is rare and is usually associated with foodborne outbreaks. Symptoms include: abdominal pain, fever, and sepsis. Even with treatment, the case-fatality rate is about 50%.

- **Oropharyngeal anthrax** symptoms include: sore throat, dysphasia, fever regional lymphadenopathy and toxemia. Lesions may be seen in the oral cavity involving the posterior wall, the hard palate or the tonsils. Most persons die from toxemia and sepsis.
  - **Differential Diagnosis:** Cellulitis from other organisms, tularemia, plague, acute pneumonia, bacterial or viral gastroenteritis.

C. Reservoirs:
Animals, usually hoofed herbivores are the reservoir. When exposed to the environment *B. anthracis* produce spores. The spores are resistant to both disinfection and adverse environmental conditions and may remain viable in contaminated soil for years. Dried and/or processed skins and hides of infected animals may harbor the spores and are fomites by which the disease may be spread.

D. Mode(s) of Transmission:
- **Cutaneous anthrax** is transmitted by contact with tissues of animals dying of the disease. Biting flies that have partially fed on such animals may also transmit the disease. Contact with contaminated hair, wool, and hides or contact with soil associated with infected animals or contaminated bonemeal used in gardening may also transmit the organism.
• **Inhalation anthrax** occurs through the inhalation of *B. anthracis* spores. This usually occurs in environments related to processing of animal hides and wool. Infections may occur among laboratory workers through the aerosolization of spores.

• **Intestinal anthrax** occurs from eating contaminated meat; there is no evidence that milk from infected animals transmits anthrax.

• **Oropharyngeal anthrax** occurs from eating contaminated meat; there is no evidence that milk from infected animals transmits anthrax.

E. **Incubation Period:**
Usually 2-5 days following exposure, range 1-42 days.

F. **Period of Communicability:**
Person-to-person transmission has not been documented. Products and soil contaminated with *B. anthracis* spores may remain infectious for decades.

G. **Susceptibility and Resistance:**
Unknown, all persons should be assumed susceptible. Vaccinated individuals should be considered potentially susceptible, especially to inhalational anthrax. Second attacks are rare.

H. **Treatment**
Penicillin is the antibiotic of choice. Erythromycin, tetracycline, and chloramphenicol and ciprofloxacin are also effective. High-dose penicillin combined with streptomycin or ciprofloxacin should be used for treating inhalational anthrax.

**STANDARD CASE INVESTIGATION AND CONTROL METHODS**

A. **Identify Potential Source of Infection:**
Standard investigation protocol includes completion of the case identification, demographics, basis of diagnosis (i.e., case definition), and risk factor sections of the Anthrax investigation form. Further investigative activity on should concentrate on the following:

• Ascertaining type of Anthrax (*i.e.*, cutaneous, inhalational, or gastrointestinal).

• Determine occupation as certain types of workers are at increased risk for anthrax (*e.g.*, farmer, dairymen, veterinarian, wool processor, weaver, butcher, slaughterhouse employee, tanner, taxidermist, hunter, or laboratory worker).

• Contact with animals and/or animal products.

• Ingestion of undercooked meat.

• Exposure to animal products (*e.g.*, hair, skins, paint brushes, leather, and wool) imported from outside the USA, especially Haiti and Asia.

B. **Identify Potential Exposed Individuals / Populations (Contacts):**
Any person who has come into contact with the source of infection is defined as a contact. This may include physical contact with an animal case or a
contaminated product, ingestion of contaminated food, and possible inhalation of spores. Contacts are **not** persons that have been in close proximity to a case.

C. Isolation, Work and Daycare Restrictions:
None.

D. Follow-up of Cases:
None.

E. Protection of Contacts:
- Persons who were exposed to the source of infection should be defined as a contact and be provided appropriate education and followed for signs of infection.
- People not at risk for inhalational anthrax do not need post exposure prophylaxis; it is not recommended for those at risk for cutaneous anthrax, for medical providers taking care of anthrax cases or for those who routinely open or handle mail.
- Chemoprophylaxis should be considered for those at risk for inhalational anthrax; recommended therapy is ciprofloxacin or doxycycline for at least 60 days.
- Vaccination is recommended in combination with antibiotic prophylaxis if a bioterrorism event is suspected.

F. Environmental Measures:
Implicated food items must be removed from the environment. If a commercial food item is implicated, the State Health Department will coordinate the follow-up with appropriated outside agencies.

G. Education:
Workers with potential exposure to anthrax should be educated about the modes of transmission, care of skin abrasions and personal cleanliness. Protective clothing should be worn.

**MANAGING SPECIAL SITUATIONS**

**Bioterrorism:**
A single diagnosed or suspect case of inhalation anthrax is so unusual that it should be considered a potential bioterrorism event. Contact one the following numbers immediately in order of priority as shown:
- Kansas On-call Epidemiologist 877-427-7317
- CDC Bioterrorism response coordinator 404-639-0385
- An announced threat of dissemination, though most likely a hoax, should be taken seriously and the State Health Department and the local FBI Duty Officer notified. 816-512-8200
A. Safety Considerations for Public Health and Other Health Care Professionals:
Because anthrax is not transmitted person-to-person, public health, other health care, and emergency response personnel are not likely to be at risk during the investigation of a typical announced threat (e.g., delivery of a powdery substance to a work site) or the investigation of a scene implicated in an unannounced outbreak. A possible exception would be a terrorist mechanism designed to continually disseminate spores into an enclosed space over an extended period of time.

B. Definition of the Population-at-Risk:
Defining the population-at-risk is essential to guide response activities. Public health authorities will play the lead role in this effort, but must consult with law enforcement, emergency response and other professionals in the process. The definition of the population-at-risk may have to be re-evaluated and redefined at various steps in the investigation, assessment and response to a bioterrorist event. Once the mechanism and scope of delivery has been defined, the identification of the symptomatic and asymptomatic exposed individuals can be completed and recommendations for the treatment and/or chemoprophylaxis made.

C. Specific Control Measures Include:
• Decontamination: Rarely necessary, even in announced threats. However, if there is a high level of suspicion that individuals have been contaminated, those potentially contaminated should shower with soap and water immediately. Clothing, shoes and personal articles should be placed in a plastic bag, sealed, and labeled with the person's name and contacting information.
• Post-exposure prophylaxis (PEP): In most anthrax threat situations, PEP is not recommended. However, if the level of suspicion is high that an aerosol exposure has taken place, potentially exposed individuals should begin antimicrobial prophylaxis if a definitive determination cannot be made within 24 hours. If the threat of actual exposure is highly credible or confirmed, exposed persons should begin antimicrobial prophylaxis and be vaccinated as soon as possible. Ciprofloxacin or doxycycline should be given for at least 60 days with the vaccine given at 0, 2, and 4 weeks under an Investigational New Drug (IND) application with the Food and Drug Administration. Prophylaxis for inhalation anthrax must be given within the first three days (during the prodromal phase) to be effective. Prophylaxis after that time will be ineffective.
• Isolation: None
• Quarantine: None
• Line lists: A central responsibility of the investigative staff is to maintain detailed line lists of cases, suspect cases, exposed, and potentially exposed individuals with accurate identifying and locating information as well as appropriate epidemiological information. These lists will be essential for early identification of infection among the exposed.
• Pharmaceuticals: In the event of an outbreak of anthrax, adequate quantities of appropriate antibiotics will be procured from the Strategic National Stockpile. Procurement, storage, and distribution will be coordinated through the Kansas Department of Health and Environment. Local and state public health officials must play a central role in determining which individuals should have priority for receipt of limited pharmaceuticals.

ADDITIONAL INFORMATION / REFERENCES
• Oklahoma State Department of Health, Communicable Diseases Division. The Epidemiologic Follow-up of Communicable Diseases in Oklahoma, 2001.
• CDC. Case definitions for Infectious Conditions Under Public Health Surveillance. MMWR. May 2, 1997; Vol. 46: RR-10.
• Oregon Health Services Website. Available at http://www.ohd.hr.state.or.us
• Commonwealth of Massachusetts, Department of Public Health Website. Available at http://www.state.ma.us/dph/
• CDC Website. Available at http://www.cdc.gov/health/default.htm
• County of Los Angeles, Department of Health, Public Health Programs and Services, Communicable Diseases Manual, June 2003.
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<td>Onset date / /</td>
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<td>Blood, Gram Stain</td>
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Notes:

Medication, Treatment, and/or Medical Procedures

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
### Infection Timeline

Enter onset date in heavy box. Count forward and backward to calculate probable exposure and contagious periods.

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<th>Calendar dates:</th>
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#### Exposure

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- Travel out of the county, state, or country
  - Out of: County State Country
  - Destinations/Dates:

- Contact with anyone with similar symptoms
- Works handling mail at:
- Works opening mail at:
- Handled suspicious mail on:
- Was in same room as suspicious mail on:

#### Epi-Linkage

During the exposure period, was the case...

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<th>N</th>
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- Associated with a known outbreak?
- A close contact of a confirmed or probable case?

Has the initial case been reported? Yes No
Specify nature of contact: Household Sexual Daycare Other
If yes to any question, specify relevant names days, places, etc:

#### Contact Management and Follow-up

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<table>
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<tr>
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**Public Health Issues**

- [ ] Yes
- [ ] No
- [ ] UNK
- [ ] N/A

- [ ] Employed as food handler
- [ ] Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- [ ] Employed as health care worker
- [ ] Employed in child care or preschool
- [ ] Attends child care or preschool
- [ ] Household member or close contact in high-risk occupation or setting (HCW, child care, food)
- [ ] Outbreak related
- [ ] Other, specify:

**Public Health Actions**

- Hygiene education provided
- Restaurant inspection
- Child care inspection
- Work or child care restriction for household member
- Exclude from high-risk occupation (e.g., foodhandler, daycare, etc.) or situations diarrhea ceases / stool sample negative
- Initiate contact investigation
- Other, specify:
- Other, specify:

**Additional Comments**

- 
- 
- 
- 

**Administration**

- Estimated investigation time (hrs) [ ] [ ] [ ]
- Investigator name __________________________
- Phone ( ) [ ] [ ] [ ]
- Signature __________________________
- Investigation complete date [ ] [ ] [ ]
Anthrax Investigation and Documentation Checklist

Report Received:     ____/____/____  ________
Health Officer and State Notified: ____/____/____  ________
Assigned to Investigator:  ____/____/____  ________
Reported to State Surveillance System:    ____/____/____  ________
Met Case Definition: □ Yes □ No   ____/____/____  ________
Case Interview Completed: □ Yes □ No   ____/____/____  ________
MOGE Reason:___________
Biologic Sample to State Laboratory:    ____/____/____  ________
□ Yes □ No
Contacts Identified and/or Interviewed: ____/____/____  ________
□ Yes □ No □ None
Names: _____________________________________________________________
__________________________________________________________________
__________________________________________________________________
New Case(s) Identified: □ Yes □ No    ____/____/____  ________
Names: _____________________________________________________________
__________________________________________________________________
Contact(s) Received Prophylaxis:  ____/____/____  ________
□ Yes □ No
Letter/Information Sheet(s) Sent:    ____/____/____  ________
Completed Investigation Worksheet:    ____/____/____  ________
Case Closed and Filed:      ____/____/____  ________
Anthrax Type: □ Inhalational □ Cutaneous □ Intestinal □ Oropharyngeal
Notes:  ______________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
Case Name: _______________________________ Number: _______
Principal Investigator:______________________________ Initials: ________
Case Reviewed By: _______________________________ Date: ___/___/___
KANSAS NOTIFIABLE DISEASE FORM

Today’s Date: ____ / ____ /____

Patient’s Name: ____________________________________________  Last    First    Middle

Day Phone: ________________  Evening Phone: ________________

Residential Address: __________________________________________

City: ___________________  Zip: ___________  County: ______________

Ethnicity:   Hispanic or Latino  Not Hispanic or Latino  Unknown

Race:   American Indian/Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White  Unknown

(Circle all that apply)

Sex:  M  F  Date of Birth: ____ / ____ /________  Age if DOB unknown: ______

Disease Name: _________________________________________________

Symptoms:
Onset: ___ / ___ /___  State the 3 most prominent symptoms:

Symptom 1:___________________  Symptom 2:___________________  Symptom 3:___________________

Outbreak associated?  Y  N  Died?  Y  N

Institutional Residence?  None  Nursing Home  Correctional  Residential  Hospital  Psych

Physician Name: ___________________________  Physician Phone: ___________________________

Laboratory Information:

Specimen Collection Date: _____ / _____ / _______  Date Reported To You: _____ / _____ / _______

Name of Test Performed: ___________________________  Results of Test: ___________________________

Name of Laboratory: ___________________________  Laboratory Results Attached?  Y  N

Treatment Information:

Date of Treatment: _____ / _____ / _______  Treatment Type and Dosage: ___________________________

Treatment Status:  Complete  On-going  Discontinued

Name of person reporting: ___________________________  Phone: ___________________________

Comments: _____________________________________________

Mail reports to your local health department or to: BEDP – Disease Surveillance, 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274. Reports can also be faxed toll free to: 1-877-427-7318.  (Rev. 04/2004)
Case and Contact(s) Management Worksheets

Contents:
- Worksheet Instructions

- Case Activity and Travel Worksheet – Infectious Period
  To be used to track activities and travel of a case during the infectious period.

- Case Transportation Worksheet – Infectious Period
  To be used to track detailed travel activities of a case during the infectious period.

- Primary Contact(s) / Site Worksheet
  To be used to create a line listing of contacts of a case. May also be used to identify sites and/or places that infections may have occurred (e.g., daycare, school, etc.).

- Contact Tracking / Tracing Worksheet
  To be used for individual tracking of all contacts identified on the Primary Contact(s) / Site Worksheet.

- Contact Surveillance Worksheet
  To be used to track the sign and symptoms associated with the disease amongst the contacts.
Worksheet Instructions

• **Case Activity and Travel Worksheet – Infectious Period:** This worksheet is to be used to track the case's daily activities and travel during the infectious period. It is intended to help the investigator capture detailed information in an organized format.
  o The upper portion of the worksheet contains information specific to the case including name and information specific to the disease including incubation period, treatment dates, etc.
  o The upper portion also contains a Case Number. The Case Number is a number assigned by the investigator to each case. It is important to assign this number as it serves as the link between this worksheet and the Case Transportation, Primary Contact, Contact Tracking and Contact Surveillance Worksheets.
  o The lower portion of the worksheet is a “blank” calendar that the investigator may use to record the case’s activities and travel during the infectious period. The “key” to the checkboxes is located on the bottom of the worksheet.

• **Case Transportation Worksheet – Infectious Period:** This worksheet is to be used if there is a need to capture detailed travel information (i.e., airline flight information) about a case and/or contacts. It is anticipated that this worksheet may never be used but is included in the case/contact management worksheets for use should the situation arise.
  o The upper portion of the worksheet contains information specific to the case including name and information specific to the disease including incubation period, treatment dates, etc.
  o The upper portion also contains a Case Number. The Case Number is a number assigned by the investigator to each case. It is important to assign this number as it serves as the link between this Worksheet and the Case Activity, Primary Contact, Contact Tracking and Contact Surveillance Worksheets.
  o The lower portion of the worksheet is structured to allow the investigator to capture detailed travel information.

• **Primary Contact(s) / Site Worksheet:** This worksheet is to be used to create a line listing of the contacts of a case.
  o The upper portion of this worksheet contains information about the case and the lower portion contains the names and key information about the contacts. The Case Number is a number assigned by the investigator to each case. It is important to assign this number as it serves as the link between this worksheet and the Case Activity, Case Transportation, Contact Tracking and Contact Surveillance Worksheets.
  o The Contact Information portion of the worksheet contains the column entitled “Contact Worksheet #”. Each contact is assigned a number by the investigator and detailed information about the contact is captured on the Contact Tracking / Tracing Worksheet. It is important to assign this number as it serves as the link between these two Worksheets.

• **Contact Tracking / Tracing Worksheet**: This worksheet is used to capture detailed information about each contact identified on the Primary Contacts / Site Worksheet.
  o The case information portion of this worksheet contains two data fields. The Case Number is a number assigned by the investigator to each case and links this worksheet to the Case Activity, Case Transportation and Contact Surveillance Worksheets. The Contact Worksheet # links this Worksheet to an individual line listing on the Primary Contacts / Site Worksheet.
  o The remaining sections of the Worksheet are intended to provide specific contact identification, exposure data, follow-up and disposition information about each contact.

• **Contact Surveillance Worksheet:** This worksheet is used to track the signs and symptoms associated with the disease amongst the contacts. It is intended to be “self reported” and used by the contact(s) during quarantine.
  o The case information portion of this worksheet contains two data fields. The Case Number is a number assigned by the investigator to each case and links this worksheet to the Case Activity, Case Transportation and Contact Surveillance Worksheets. The Contact Worksheet # links this Worksheet to an individual line listing on the Primary Contacts / Site Worksheet.
### Case Activity and Travel Worksheet – Infectious Period (Please Print)

**CASE INFORMATION**

Name of Primary Case: ___________________________________________________                Nickname / Alias: __________________

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</table>

Case Number:1 ________            Interview Date: _____/_____/_____                   Interviewer Name: ___________________________

Infectious Period Start Date: 2 ______/_____/____     Symptom Onset Date: _____/_____/_____   Treatment Start Date: _____/_____/_____  

Clinical Improvement Date: _____/_____/_____      Disease or Condition Under Surveillance:  ________________________

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**Key:** F = Fever, R = Rash, C = Cough, O = Other

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1. The Case Number is an assigned number by the investigator to each case. It is important to assign this number as it serves as the link between this worksheet and the Case Transportation, Primary Contact, and Contact Tracking Worksheets.

2. The period of infectiousness may begin before the case is symptomatic and last after symptoms have abated. Refer to the disease specific protocols for detailed information.
# Case Transportation Worksheet – Infectious Period (Please Print)

## CASE INFORMATION

Name of Primary Case: ___________________________________________________  
Nickname / Alias: __________________

Last                                                First                                                 Middle

Case Number:¹  Interview Date: _____/_____/_____                   Interviewer Name: ___________________________

Infectious Period Start Date:²  Symptom Onset Date: _____/_____/_____  Treatment Start Date: _____/_____/_____

Clinical Improvement Date: _____/_____/_____      Disease or Condition Under Surveillance:  ________________________

## TRAVEL INFORMATION

Complete as much information as possible for each type of public transportation used by case during infectious period.

<table>
<thead>
<tr>
<th>Date of Travel</th>
<th>Time of Travel (AM/PM Circle)</th>
<th>Transport Type (e.g., bus, plane, etc)</th>
<th>Carrier / Company Name</th>
<th>Route / Flight #</th>
<th>Origin City</th>
<th>Origin State</th>
<th>Origin Country</th>
<th>Destination City</th>
<th>Destination State</th>
<th>Destination Country</th>
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¹ The Case Number is an assigned number by the investigator to each case. It is important to assign this number as it serves as an indexing tool tying this worksheet to the Primary Contact, Case Transportation and Contact Tracking Worksheets

² The period of infectiousness may begin before the case is symptomatic and last after symptoms have abated. Refer to the disease specific protocols for detailed information.
Primary Contact(s) / Site Worksheet (Please Print)

**CASE INFORMATION**

Name of Primary Case: ___________________________________________________ Nickname / Alias: __________________

Last                                                First                                                 Middle

Case Number: 1 _____________ Interview Date: _____/_____/_____ Interviewer Name: ______________________________

Site Name or Place: _____________________________ Disease or Condition Under Surveillance: _____________________________

**CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Name of Person (Last, First) and/or Name of Site</th>
<th>Location</th>
<th>Phone Number</th>
<th>Date of First Exposure</th>
<th>Date of Last Exposure</th>
<th>Contact Wk. Sheet#</th>
<th>Call Back Date</th>
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Page _____ of _____

1 The Case Number is an assigned number by the investigator to each case. It is important to assign this number as it serves as an indexing tool tying this worksheet to the Case Activity, Case Transportation and Contact Tracking Worksheets

2 The Contact Worksheet # ties this worksheet to the contact tracking / Tracing Worksheet. Each contact is assigned a number by the investigator and detailed information about the contact is captured on the Contact Tracking / Tracing Worksheet
### Contact Tracking / Tracing Worksheet (Please Print)

**CASE INFORMATION**

Case Number: ________________________

Contact Worksheet # _____________________

This number ties this worksheet to an individual listed on the Primary Contact / Site Worksheet

**CONTACT INFORMATION**

Contact Name: _________________________________________________   Nickname/Alias: ________________________________

Last                                                First                                                 Middle

Address: ______________________________________________________________ Phone Number: (         )___________________

Street                                      City                    State                       Zip

Alternative Contact: _________________________________________________

Last                                                First                                                 Middle

Address: ______________________________________________________________ Phone Number: (         )___________________

Street                                      City                    State                       Zip

School/Employer Name: ___________________________  Address:_____ ________________________________________________

Street                           City                    State                       Zip

**DEMOGRAPHICS**

Date of Birth: ___/___/___   Age: ___  Gender: □ Male □ Female

Height: _____   Weight: _____  Hair Color: _____ Complexion: _____

Race: □ White □ Black □ Asian □ Am. Indian / AK. Native □ Native HI. / Pacific Islander □ Hispanic / Latino

**EXPOSURE INFORMATION**

Date of 1st Exposure: ___/___/___

Date of Final Exposure: ___/___/___

Case/Contact Type: ___/___/___

1 = Household contact, family member, others spending ≥ 3hrs in household with an infectiousness case.
2 = Non-household contact with contact < 6 feet with an infectious case ≥ 3 hrs.
3 = Non-household contact with contact < 6 feet with an infectious case ≤ 3 hrs.
4 = Non-household contact with contact ≥ 6 feet with an infectious case ≥ 3 hrs.
5 = Non-household contact with contact ≥ 6 feet with an infectious case ≤ 3 hrs.
6 = Other, define:

**CONTACT / FOLLOW UP DATES**

Date Contact Form Initiated: ___/___/___

Date of Contact Notification: ___/___/___

Follow up Date: ___/___/___

☐ N/A

Disposition Date: ___/___/___

Notes: ____________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**DISPOSITION**

Located: □ Referred for Treatment □ Referred for Assessment □ Already Hospitalized □ Isolated

Not Located: □ Unable to Locate □ Moved to Another Jurisdiction

Location: _____________

Deceased: □ Disease Suspected

Other: _____________

□ Unrelated to Disease
**Contact Surveillance Form (Please Print)**

**CASE INFORMATION (Filled out by interviewer)**

Case Number: ________________________

Contact Worksheet # _____________________
This number ties this worksheet to an individual listed on the Primary Contact / Site Worksheet

**HOUSEHOLD / CONTACT INFORMATION (Filled out by interviewer)**

Contact Name: _________________________________________________ Nickname/Alias: ________________________________

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Address:  ______________________________________________________________ Phone Number: (         )___________________

Street                                      City                    State                       Zip

Sex: □ Male  □ Female     Age: _____       Date of Household Visit: ___/___/___

**MISC. INFORMATION (Filled out by interviewer)**

Date of Last Exposure to Case: ___/___/___       Date Vaccinated or Prophylaxis: ___/___/___       Call Back Date: ___/___/___

**HOUSEHOLD OR CONTACT CLINICAL SIGNS TRACKING (Filled out by contact or household member)**

Instructions: Record Your Temperature Each Day In The Boxes Below. If Fever Is Greater Then 101°F Call The Following Telephone Number Immediately: (         ) _____________________

|------------|------|------|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|

Instructions: If Symptoms Develop, Mark The Symptoms Started And Call The Telephone Number Listed Above Immediately

|----------|------|------|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|

**NOTES (Record any additional symptoms, observations or questions for the investigator)**

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Date: ___________________

Dear: __________________,

I am writing to you in regards to some recent laboratory test results that you should have received. I work with the Local Health Department, as part of my job, I provide information and answer questions about certain diseases that are reportable to us. * I would like to speak to you about your laboratory tests and provide information to you as well as to obtain some additional information about your results. Everything we receive from you or your healthcare provider is STRICTLY CONFIDENTIAL. The purpose of us collecting this information is to educate patients and to collect information for public health planning and support our disease prevention activities.

Please contact me at your earliest convenience so that we may discuss this matter further. If your health care provider has not yet discussed this with you, I would encourage you to make an appointment or call them as soon as possible.

I look forward to discussing this matter with you and will be happy to answer any questions that you may have regarding this investigation at that time. My telephone number is ________________. Thank you in advance for your assistance.

Sincerely,

*The Kansas Department of Health and Environment (KDHE) has the authority to define what diseases shall be regarded as dangerous to the public health and to require the reporting of such diseases. Under this authority KDHE has established regulations making certain diseases reportable (K.S.A. 65-118 and K.S.A. 65-128, and amendments thereto). These regulations outline reporting requirements and control measures that apply to both confirmed cases of such diseases and contacts of confirmed cases. Local health departments are required to collect information for the KDHE and implement control measures.
Date: ______________

Dr: ________________.

I am writing to you in regards of your patient, _____________________. The Health Department recently received notice that this patient may have been diagnosed with ________________, which is a reportable disease under State rules and regulations. The Health Department routinely contacts patients with reportable diseases to gain more information, provide education, and make necessary referrals and support. In order to do this, I would like to speak to you regarding the laboratory results and risk history of this patient.

Please contact me at your earliest convenience so that we may obtain the information required for this report. If it is more convenient for you to fill out the report form on your own and send it to me, please feel free to do so. I have enclosed a copy of it with this letter. I would also like to remind you that during our investigation we may be contacting your patient directly, it is strongly recommended that you contact your patient to discuss this diagnosis and inform them of our investigation. All of the information that we obtain from either you or your patient is STRICTLY CONFIDENTIAL.

I look forward to discussing this matter with you and will be happy to answer any questions that you may have regarding this investigation at that time. My telephone number is _________________. Thank you in advance for your assistance.

Sincerely,

*The Kansas Department of Health and Environment (KDHE) has the authority to define what diseases shall be regarded as dangerous to the public health and to require the reporting of such diseases. Under this authority KDHE has established regulations making certain diseases reportable (K.S.A. 65-118 and K.S.A. 65-128, and amendments thereto). These regulations outline reporting requirements and control measures that apply to both confirmed cases of such diseases and contacts of confirmed cases. Local health departments are required to collect information for the KDHE and implement control measures.
What is anthrax?
Anthrax is caused by *Bacillus anthracis*, a bacterium that has the ability to form spores. A spore is a cell in a dormant condition but may come to life under the right conditions.

What are the symptoms?
Anthrax may affect several different parts of the body, each having a unique set of symptoms.
- **Cutaneous:** Most anthrax infections occur when the bacteria enter a cut or abrasion on the skin. Skin infection begins as a raised itchy bump that resembles an insect bite but within 1-2 days develops into a vesicle and then a painless ulcer, usually 1-3 cm in diameter, with a characteristic black necrotic or dying area in the center. Lymph glands in the adjacent area may swell. About 20% of untreated cases of cutaneous anthrax will result in death.
- **Inhalation:** Initial symptoms may resemble a cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax usually results in death in 1-2 days after onset of the acute symptoms.
- **Intestinal:** The intestinal disease form of anthrax follows the consumption of contaminated meat and is characterized by an acute inflammation of the intestinal tract. Initial signs of nausea, loss of appetite, vomiting, and/or fever are followed by abdominal pain, vomiting of blood, and severe diarrhea. Intestinal anthrax results in death in 25-60% of cases.

How is anthrax spread?
Anthrax is not known to spread from person-to-person. Infections may occur by handling products from infected animals or by breathing in anthrax spores from infected animal products (e.g., wool). People may also become infected with gastrointestinal anthrax by eating undercooked meat from infected animals. Anthrax may also be used as a weapon. This happened in the United States in 2001. Anthrax was deliberately spread through the postal system by sending letters with powder containing anthrax resulting in 22 cases of anthrax.

Who gets anthrax?
In the United States anthrax is extremely rare; however, anyone can get anthrax if they are exposed to contaminated wool, hides, leather or hair products of infected animals, or if they eat undercooked meat from infected animals. Workers who are exposed to dead animals and animal products from countries where anthrax is more common are at the highest risk. It is more common in South and Central America, Southern and Eastern Europe, Asia, Africa, the Caribbean and the Middle East. Anthrax in animals rarely occurs in the United States with most
reports of animal infection coming from Texas, Louisiana, Mississippi, Oklahoma and South Dakota.

**How is it diagnosed?**
Anthrax is diagnosed by isolating *B. anthracis* from the blood, skin lesions, or respiratory secretions or by measuring specific antibodies in the blood of suspected cases.

**How is disease anthrax treated?**
Doctors can prescribe a variety of antibiotics for anthrax. To be effective, treatment should be started early. If left untreated, the disease can be fatal.

**How can you prevent anthrax?**
Most people in the United States are at minimal risk for coming into contact with anthrax. There is a vaccine for anthrax. The Advisory Committee for Immunization Practices (ACIP) currently recommends the vaccine for individuals who come in contact in the workplace with imported animal hides, furs, bonemeal, wool, animal hair and bristles; and for individuals engaged in diagnostic or investigational activities which may bring them into contact with anthrax spores. Because anthrax is also considered to be a potential agent for use in biological warfare, the Department of Defense vaccinates all military personnel.

**Where can I get more information?**
- Your Local Health Department
- Kansas Department of Health and Environment, Epidemiologic Services Section (877) 427-7317
- http://www.cdc.gov/health/default.htm
- Your doctor, nurse, or local health center
What is a possible bioterrorism incident?
A bioterrorism incident is an event where an infectious agent is used to threaten harm to an individual(s). This may occur when a person receives a letter labeled with the name of a possible bioterrorist agent (e.g., anthrax) or a telephone caller threatens to use such an agent as a weapon. Use or threatened use of any biologic agent as a weapon is a Federal Crime and will be thoroughly investigated by the Police Department and the FBI.

How likely is it that I have actually been exposed to a bioterrorism agent?
All known incidents have turned out to be hoaxes (fakes). However, the Health Department and the Kansas Department of Health and Environment will assure that all necessary steps are taken to evaluate the incident and protect your safety.

What will be done to evaluate this incident?
The Health Department, the Department of Emergency Management, Police, Fire, and Emergency Medical Services will work together with the State Department of Health, the Centers for Disease Control and FBI to evaluate the incident and determine whether you have been exposed to a real biologic agent which could cause disease. Evaluation of the incident will include examining the circumstances of the incident, the suspect material, and the type of exposure that you may have received.

When will I know if I have been exposed to a hazardous biologic agent?
Because different organisms and toxins may be used as bioterrorist agents, the suspect material must be collected for laboratory testing. Test results will be able to identify the presence of hazardous biologic agents or toxins in approximately 24-48 hours. The results will be discussed with you as soon as they are available.

Do I need to decontaminate myself and throw away my clothes and/or belongings?
Emergency Personnel should have already instructed you to wash your hands and any other part of your body that contacted the suspect material with soap and water. Specific recommendations regarding decontamination of clothes and personal effects will vary according to the situation. In some cases, a dilute solution of bleach may be recommended. Unless specifically instructed to do so, you do not need to perform other decontamination procedures or discard your belongings. If necessary, Emergency Personnel will complete the decontamination of the environment in which the suspect material was found.
Do I need any treatment now, such as antibiotics or vaccines?
To date, all previous known incidents have been hoaxes. Should the laboratory tests on the suspect material indicate that you truly have been exposed to a biologic agent, there are medications that you can take to prevent you from becoming ill. Results of the tests will be back in time for you to begin preventive treatment.

Am I a risk to my family? Can I spread anything?
Most of the diseases caused by bioterrorist agents (e.g., anthrax) are not contagious from person to person. Even in the unlikely event that you truly have been exposed you would have to become ill yourself to be able to spread the infection. Results of the laboratory tests on the suspect material will be available in time for you to take antibiotics to prevent you from spreading anything to your family.

What should I do now?
You must complete a Data Collection Form before you leave the site of the incident so you can be contacted with the results of the investigation. After Emergency Personnel authorize you to leave, you may continue your usual activities at work or home. It is not necessary for you to visit a hospital or doctor’s office. If you wish to contact your private physician to discuss your possible exposure, please feel free to do so. As a precaution, we recommend that you take your temperature daily to watch for fever.

What should I do if I develop any symptoms before the results of laboratory tests are ready?
If you should develop any symptoms or a fever (greater than 100° F), immediately contact your doctor. You and/or your doctor should also contact the Health Department. Recommendations will then be given to you and your health care provider on how to best evaluate and treat your symptoms, based on the circumstances of this possible exposure incident.

When will it be safe for me to return to the exposure site?
Investigators of the incident will notify the authorities when it is safe to return to the site. If this is a place of work, your supervisor will then contact you when it is safe to return.

Who can my doctor or I contact if we have questions?
• Your Local Health Department.
• Kansas Department of Health and Environment, Epidemiologic Services Section (877) 427-7317.