

Exposure	Inhalation	Intestinal	Cutaneous
Clinical Features	Flu-like symptoms 2-4 days after initial symptoms abrupt onset of respiratory failure and hemodynamic collapse possibly accompanied by thoracic edema and a widened mediastinum on chest X-ray. Suggestive of mediastinal lymphadenopathy and hemorrhagic mediastinitis. May result in death after symptom onset.	Characterized by acute inflammation of the intestinal tract. Abdominal pain, nausea, vomiting and fever following ingestion of contaminated food. Bloody diarrhea, hematemesis. Fatal after progression to toxemia and sepsis.	Enters body through cuts, abrasions, or breaks in skin. Commonly seen on the head, forearms, or hands. Infection begins as raised localized itching bump (popular lesion) that resembles an insect bite (turns vesicular in 2-6 days), usually 1-3 cm in diameter with black characteristic necrotic area and then a painless ulcer. Lymph glands in the adjacent areas may swell.
Mode of Transmission	Inhalation of spores.	Ingestion of contaminated food usually meat.	Cutaneous contact with spores or spore contaminated material.
Incubation (avg. 5 days)	2-60 days	1-7 days	1-7 days
Diagnosis	Gram + bacilli on blood culture after 2-3 days of illness. Isolate spores CSF if meningeal signs present.	Gram + bacilli on blood culture after 2-3 days of illness. Isolate spores Stool culture	Gram + bacilli on blood culture after 2-3 days of illness. Isolate spores Vesicular fluid culture
Infection Control	Standard precautions Neither isolation necessary nor private room placement. Clean, disinfect, sterilize equipment and environment using facility approved agent.	Standard precautions Neither isolation necessary nor private room placement. Clean, disinfect, and sterilize equipment and environment using facility-approved agent.	Standard precautions Neither isolation necessary nor private room placement. Clean, disinfect, and sterilize equipment and environment using facility- approved agent.

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Precautions	<p>Bag and seal clothing and personal effects in labeled plastic bags. Handle clothing minimally to avoid agitation.</p> <p>Preserve chain of custody.</p> <p>Decontaminate: Instruct patient to shower thoroughly using soap and water.</p> <p>Decontaminate environmental surfaces using EPA-registered, facility-approved sporicidal/germicidal agent or 0.5% hypochlorite solution (1 part household bleach to 9 parts water)</p> <p>Specimen packaging and transport should accompany chain of custody document.</p>	<p>Bag and seal clothing and personal effects in labeled plastic bags. Handle clothing minimally to avoid agitation. Preserve chain of custody.</p> <p>Decontaminate: Instruct patient to shower thoroughly using soap and water.</p> <p>Decontaminate environmental surfaces using EPA-registered facility-approved sporicidal/germicidal agent or 0.5% hypochlorite solution (1 part household bleach to 9 parts water)</p> <p>Specimen packaging and transport should accompany chain of custody document.</p>	<p>Direct contact with skin lesions may result in cutaneous infections.</p> <p>Bag and seal clothing and personal effects in labeled plastic bags. Handle clothing minimally to avoid agitation. Preserve chain of custody.</p> <p>Decontaminate: Instruct patient to shower thoroughly using soap and water.</p> <p>Decontaminate environmental surfaces using EPA-registered facility-approved sporicidal/germicidal agent or 0.5% hypochlorite solution (1 part household bleach/ 9 parts water)</p> <p>Specimen packaging and transport accompany chain of custody document.</p>
Aftercare	<p>Teach home care providers standard precautions.</p> <p>Prepare fact sheet to include noncontagiousness of anthrax, signs and symptoms of disease, antibiotics, prophylaxis, and vaccine information. Include dosing and side effects.</p>	<p>Teach home care providers standard precautions.</p> <p>Prepare fact sheet to include noncontagiousness of anthrax, signs and symptoms of disease, antibiotics, prophylaxis, and vaccine information. Include dosing and side effects.</p>	<p>Teach home care providers standard precautions.</p> <p>Prepare fact sheet to include noncontagiousness of anthrax, signs and symptoms of disease, antibiotics, prophylaxis, and vaccine information. Include dosing and side effects.</p>

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Considerations	<p>Prophylaxis should continue until exposure has been excluded. Prophylaxis should continue for eight weeks. Post exposure with an inactivated, cell-free anthrax vaccine also is indicated. Ventilator availability and how additional ones can be obtained. Locate sources for prophylactic antibiotics and plan for acquisition on short notice. Consider locations, personnel needs, and protocols for administering prophylactic post-exposure care to large numbers of potentially exposed individuals. Consider means to provide telephone follow-up information and public communication services.</p>	<p>Prophylaxis should continue until exposure has been excluded. Prophylaxis should continue for eight weeks. Post exposure with an inactivated, cell-free anthrax vaccine also is indicated. Locate sources for prophylactic antibiotics, and plan for acquisition on short notice. Consider locations, personnel needs, and protocols for administering prophylactic post-exposure care to large numbers of potentially exposed individuals. Consider means to provide telephone follow-up information and public communication services.</p>	<p>Prophylaxis should continue until exposure has been excluded. Prophylaxis should continue for eight weeks. Post exposure with an inactivated, cell-free anthrax vaccine also is indicated. Locate sources for prophylactic antibiotics, and plan for acquisition on short notice. Consider locations, personnel needs, and protocols for administering prophylactic post-exposure care to large numbers of potentially exposed individuals. Consider means to provide telephone follow-up information and public communication services.</p>

Bioterrorism Emergency Number (CDC Response Office) (770) 488-7100
Sheriff Communication: Public Health Official (714) 628-7008
Communicable Disease Reporting (M-F): 0800-1700
 ▪ **(714) 834-8180 Fax (714) 834-8196**

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Rev10/22/01

Antimicrobial Agent	Adults	Children
Oral Fluroquinolones		
▪ Ciproflaxin	500 mg. Bid	20-30 mg/kg daily, divided in two doses
▪ Levofloxacin	500 mg Bid	Not recommended
▪ Ofloxacin	500 mg once daily	Not recommended
If fluroquinolones are not available or are contraindicated		
▪ Doxycycline	100 mg Bid	5 mg/kg per day in two divided doses.
Test for Penicillin susceptibility		
▪ Amoxicillin		40 mg/kg per day divided every eight hours -- not to exceed 500 mg Tid.
Vaccine Availability		
▪ Inactivated, cell-free anthrax vaccine	Three doses at zero, two, and four weeks after exposure. With post-exposure prophylaxis can be reduced to four weeks.	Three doses at zero, two, and four weeks after exposure. With post-exposure prophylaxis can be reduced to four weeks.
▪ Bioport Corp. (517) 327-1500		