



Responding to Bioterrorism



By Glennah Trochet, MD

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Since the events of September 11, most of us feel threatened. Some persons are convinced they will be the next target of an attack, or a disease.

Of 280 million people in the United States, only a handful have contracted anthrax. But law enforcement here and elsewhere have fielded numerous calls from citizens concerned they might have received anthrax powder in the mail. In addition, physicians dealt with many patients worried that they might actually be coming down with the disease. No tests of powder and packages taken to the Public Health laboratory were positive for anthrax when this article was drafted. This was true for all of California.

Does Sacramento have a bioterrorism response plan? The answer is yes. It includes the routine disaster preparedness plans of all hospitals, with a few twists that need to be added because of the public health implications of biological warfare.

Our routine disease surveillance is one front-line defense against bioterrorism. In a covert attack, it would be the physicians in the community and emergency rooms who would report unusual occurrences to the health department. Prompt reaction by the health department would detect an outbreak and begin the investigation.

Our protocol requires that the FBI be involved for a diagnosis of anthrax, tularemia, plague, viral hemorrhagic fever, botulism, smallpox or brucellosis in someone with no risk factors for these diseases. The diagnosis of just one case could be a sentinel event. We are asking physicians to telephone us, day or night, if you believe that you have a case of any of these diseases.

Botulism is reported periodically in Sacramento. This is usually wound botulism in injection drug users, although in the past year we had two cases of food-borne botulism. A case with known risk factors for botulism is not nearly as worrisome as one in which the source cannot be determined or is very unusual.

Plague and brucellosis are also seen occasionally in this area. Therefore, it is important to perform a comprehensive history and physical and to complete an epidemiologic investigation expeditiously, before worrying about a bioterrorist attack.

Sacramento County has its own public health laboratory, which is the bioterrorism laboratory for surrounding areas. It affords us quick access to important diagnostic testing for most pathogens considered important in biologic warfare. The laboratory is also an important part of our surveillance system, because it can quickly note unusual findings and communicate them to the Health Officer. Clinicians confronted with cases that raise suspicion of bioterrorism should first immediately contact the Health Officer, who will

not only initiate an epidemiologic investigation, but will also coordinate appropriate use of the public health laboratory services.

Suppose we do detect an unusual outbreak consistent with covert attack. We will communicate rapidly with the physicians in this community to make you aware of the signs, symptoms and treatment for the disease. The California Department of Health Services would be involved and, at its discretion, also the CDC. An epidemiologic investigation would go on concurrently with law-enforcement investigation.

A plan to divert worried well and those who need prophylaxis from the emergency rooms is being developed. The residents of this county need to know where to go to get information, medication and/or inoculations, should this be necessary. We welcome physician volunteers who could help us identify such sites.

In an overt attack, where the place and time of the event are announced or a large or unusual number of people are affected, the county and the hospitals would activate their disaster plan.

This plan has been used in the past with floods and other disasters. It requires the opening of the Emergency Operations Center, which is a joint effort of the County and the City of Sacramento. Representatives of law enforcement, health, emergency services, fire, haz/mat, emergency shelter, and other organizations exchange information and make collaborative decisions. Communication with the medical community will be essential at this time also.

If our resources are overwhelmed, there are "mutual aid" agreements with adjacent counties. They would share resources. If this is not enough, there is a mechanism for quickly requesting help from the state and, through them, from the federal government. The Sacramento County disaster plan is available at my office if any one wishes to see it.

The current environment has made us all much more alert, and has given us the impetus to pursue disaster planning much more energetically.

Information on bioterrorism preparedness can be found on the Sacramento Public Health Division's web site at <http://www.sacdhhs.com/article.asp?content=304>

For any questions, call (916) 875-5881.

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For a list of websites on bioterrorism, visit <http://www.ssvms.org/biothreats.asp>.

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