

Idaho Disease

Bulletin

Volume 6 Number 2

Division of Health

May 1999

ANTHRAX IN IDAHO

"You've been exposed to Anthrax!!!"

That is the last thing anyone wants to read on a Friday afternoon; however, that is exactly what an administrative assistant read from a crude note sent to the Boise Planned Parenthood facility on February 26, 1999. The threatening note was accompanied by a mysterious brown powder.

911 was called. Over the next three hours FBI, local EMS, fire, police, HAZMAT, medical and public health officials all rallied to contain the situation, decontaminate those potentially exposed to anthrax, and test the brown powder.

The State Laboratory in Boise was able to rapidly diffuse the situation by determining that there were no anthrax spores present...**this time.**

► **Anthrax**

The *Bacillus anthracis* bacteria can cause three clinical forms of anthrax: gastrointestinal (from consuming infected animal products), cutaneous (through breaks in the skin), and inhalational (aerosolized spores).

Aerosolized anthrax is not transmitted from person to person.

► **Why is Anthrax a good weapon?**

Untreated inhalational anthrax is considered almost 100% fatal. An infectious dose is estimated at 8,000-50,000 aerosolized spores, with an incubation period of 1-6 days. Signs and symptoms include fever, malaise, fatigue, cough and mild chest discomfort followed by severe respiratory distress with dyspnea, stridor, and cyanosis. Shock and death occur within 24-36 hours after onset of severe symptoms. A widened mediastinum may be seen on the chest radiograph. Treatment with antibiotics is more productive if started before serious clinical signs develop. Decontamination of someone suspected of having been exposed to anthrax spores includes removing clothing and thoroughly washing the skin with soap and water. If anthrax is confirmed, washing the patient with a dilute bleach solution (1:10 of household bleach) while avoiding mucous membranes, is also recommended.

► **Testing**

A special hood is required to handle samples safely. Testing

of suspicious samples is currently approved at State Laboratory facilities in Boise and Coeur d'Alene. The Pocatello branch of the State Lab and the Caine Veterinary Center in Caldwell are gearing up to provide testing as well.

Currently, any suspicious samples from Eastern Idaho will either be tested at the Utah State Diagnostic Laboratory in Salt Lake City, or the Boise State Lab.

If you receive a note in your office stating you've been exposed to anthrax or any other dangerous biologic agent, call 911 and the State Communications Hotline 1-800-632-8000 or 334-4570.



References:
MMWR, Feb. 5, 1999/48
(04):69-74
Medical Management of Biological Casualties Handbook, USAMRIID, 1998

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Reportable Disease Summary 1998

Idaho law mandates the reporting of certain communicable diseases by health care providers, hospitals, and laboratories. Each office or facility should have a copy of the pink and white Idaho Department of Health and Welfare "Reportable Diseases List" (shown below).

Foodborne, Enteric, and Liver Diseases

Amebiasis (7d)
 Botulism (24h)
 Campylobacteriosis (7d)
 Cholera (24h)
Escherichia coli O157:H7 (7d)
 Giardiasis* (7d)
 Hepatitis A* (24h)
 Hepatitis B* (24h)
 Hepatitis C (24h)
 Salmonellosis (24h)
 Shigellosis (7d)
 Typhoid fever (24h)
 Food poisoning/foodborne illness (24h)

Meningitis/Encephalitis

Aseptic meningitis (7d)
Haemophilus influenzae, invasive (24h)
Neisseria meningitidis, invasive (24h)
 Viral encephalitis (7d)

Sexually Transmitted Diseases

Chancroid (7d)
 Acquired Immune Deficiency Syndrome (AIDS) (7d)
 Human Immunodeficiency Virus (HIV) positive tests (7d)
 (HIV antibody, HIV antigen & other HIV isolations)
Chlamydia trachomatis infections (7d)
 Herpes simplex, genital (7d)
Neisseria gonorrhoeae infections (7d)
 Syphilis (7d)

Vaccine Preventable Diseases

Diphtheria (24h)
 Congenital Rubella Syndrome* (24h)
 Measles (24h)
 Mumps (7d)
 Pertussis* (24h)
 Poliomyelitis (24h)
 Rubella (24h)
 Tetanus* (7d)
 Severe reactions to any immunization (24h)

Reporting requirements are outlined in the 1992 publication, Rules and Regulations Governing Idaho Reportable Diseases. Data on reportable diseases are collected by public health specialists from all seven District health departments. The data is then forwarded in a timely manner, based on the Idaho reporting mandates (shown in parenthesis), to the Epidemiology Program in Boise, via a 24-hour reporting hotline (1-800-632-5927), mail, or fax. The data is then entered into the National Electronic Telecommunication System for Surveillance (NETSS) in Boise and forwarded electronically to CDC every week.

Zoonotic Diseases

Anthrax (24h)
 Brucellosis* (7d)
 Hantavirus pulmonary syndrome* (7d)
 Lyme disease (7d)
 Malaria (7d)
 Plague/yersiniosis (24h)
 Psittacosis* (7d)
 Q fever* (7d)
 Rabies* (24h)
 Relapsing Fever* (7d)
 Rocky Mtn Spotted Fever* (7d)
 Trichinosis (7d)
 Tularemia* (7d)

Other Important Reportable Diseases

Cancer (7d)
 Human T-lymphotrophic virus (HTLV-1) (7d)
 Lead > 10 ug/dl (7d)
 Legionellosis/Legionnaire's Disease (7d)
 Leprosy (7d)
 Leptospirosis (7d)
 Pneumocystis carinii pneumonia (7d)
 Reye's Syndrome (7d)
 Rheumatic Fever (7d)
Streptococcus pyogenes, invasive (7d)
 Extraordinary occurrence of illness (24h)
 CD4 count < 200 cells/mm³ (7d)
 Toxic Shock Syndrome (7d)
 Tuberculosis (7d)
 Viral Myocarditis (7d)

* reported based on health care providers diagnosis, whether or not supporting laboratory data exists.

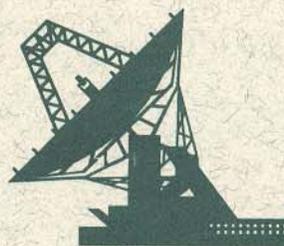
**Cases reported to the Department of Health and Welfare
Epidemiology Program
1998**

<u>Reportable disease</u>	<u>Total # reported</u>	<u>Reportable disease</u>	<u>Total # reported</u>
AIDS	37	Mumps	7
Amebiasis	5	Myocarditis, viral	2
Aseptic/viral meningitis	137	N. meningitidis, invasive	14
Blood lead ≥ 10	109	Pertussis	233
Botulism, infant	1	Psittacosis	0
Brucellosis	1	Relapsing Fever	1
Campylobacteriosis	179	Rocky Mtn Spotted Fever	1
Chlamydia	2019	Rubella	0
Cryptosporidiosis	17	Rubeola (Measles)	0
E. coli O157:H7	42	Salmonellosis	115
Giardiasis	171	Shigellosis	20
Gonorrhea	181	Strep., group A, invasive	2
H. Influenza	2	Syphilis	15
Hepatitis A	231	Toxic Shock Syndrome	2
Hepatitis B (all)	115	Tularemia	1
Hepatitis C (non-acute)	817	Tuberculosis	14
Hepatitis C (acute)	78	Typhoid Fever	1
Herpes Simplex Virus II	543	Rabies--human	0
HIV	41	Rabies--animal (all bats)	17
Legionella	3	Yersiniosis	0
Lyme disease	6		
Malaria	8		
		1998-1999 flu season: not officially reportable	
		Influenza Isolations	74-A, 3-B

CDC Presents

"Hantavirus Pulmonary Syndrome Clinical Update, 1999"

Public Health Training Network Satellite Broadcast
Thursday, May 27, 1999 11am-1pm Mtn time



Program description: Hantavirus pulmonary syndrome (HPS) is a severe rodent-borne disease first recognized in 1993. Since then, research has been conducted on many aspects of this disease. The following topics will be covered: pathology and pathogenesis of HPS, clinical update, patient management, diagnostic update, epidemiology: HPS in the U.S. and South America, ecology.

Contact your District Health Department for videoconferencing viewing information, call CDC at 1-404-639-1510 for registration and satellite specifications for your area, or call Scott Cantor, State videoconferencing coordinator, at 1-208-375-5211.



OPINIONS REQUESTED

The official Rules and Regulations Governing Idaho Reportable Diseases (listed on page two) will be updated for the year 2000. Several proposed changes are listed below. These changes have not been finalized. Suggestions are encouraged.

Current suggestions:

Add: Cryptosporidiosis, HUS, and Shiga-like toxigenic E. coli (SLTEC)

Remove: Leprosy and HTLV-1

Alter: Relapsing Fever to tick-borne relapsing fever.

Please call either Dr. Christine Hahn or Dr. Leslie Tengelsen at the Idaho Department of Health and Welfare, (208) 334-5939, with any suggestions or opinions before the May 18, 1999, IMA meeting. A new reportable diseases poster will be created to reflect such changes once the legislature finalizes any alterations.

For 24-hour reporting 1-800-632-5927

Costs associated with this publication are available from the Idaho Department of Health and Welfare. IDHW-2000-12084-8/96. COST PER UNIT \$0.20. Printed on recycled paper.

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P.O. Box 83720
Boise, ID 83720-0036

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Boise, Idaho