



October 17, 2001

***Federal Occupational Health:
Additional Questions and Answers Related to Emergency Planning and
Bioterrorism***

Since the first document on information and FOH's capabilities related to emergency response and bioterrorism was released last week, we have received multiple follow up inquiries. We are sharing these questions and answers with all FOH staff in an effort to disseminate information and keep all informed of the latest developments.

Most people seem to be aware that antibiotics for anthrax must be taken within 12 hours. With the National Pharmaceutical Stockpile Program, how would the CDC get and administer the necessary medication within 12 hours? Also the document said CDC has enough antibiotics to treat 2 million people, yet a city like Los Angeles has 17 million.

The CDC has contingency plans to get necessary supplies to disaster sites. For instance after the World Trade Center attacks, they did get medical supplies to New York within 8 hours, although as it turns out they were not needed. Specific recommendations regarding antibiotic and vaccine use in the setting of a biological anthrax attack are limited by the very small number of studies in experimental animals and no clinical studies in humans. While it is known that early antibiotic administration is essential for those WITH SYMPTOMS, there are no FDA-approved post-exposure antibiotic regimens following exposure to an anthrax aerosol. Given the incubation period of 1-7 days, it is believed that earlier administration would be better, but because case studies are so rare, it is not clear what is optimal. Thus, there is no magic time frame of 12 hours that is documented in the literature.

With regards to mass exposures of large populations such as Los Angeles, it should be kept in mind that anthrax is difficult to spread via aerosol because of the molecular weight of the spores. Given the enormous geographic sprawl of LA, it would be extremely unlikely if not impossible that millions of people could be exposed simultaneously. Having said that, the 2 million number cited reflects only the amount of antibiotics that are stockpiled, it doesn't include what could be obtained from other sources if necessary.

The military has autoinject devices, which contain atropine and other ingredients, for the purpose of self-administration after an exposure to nerve gas. Could FOH obtain these devices for security or other key personnel or stock them in our refrigerator if they are trained how to use them? If not, where/who/what agency I should refer the security people for more information?

We have received several requests from agencies to stock or supply atropine for emergency usage. First, atropine is only an effective antidote for a limited number of nerve-gas chemical agents. Use of these types of medications requires highly trained personnel such as those in

the military who have reasonable high risk of exposure in combat **AND** because of their remote location would not have immediate access to medical care.

The potential for severe reactions and death with indiscriminate use by likely panicked, untrained personnel must be considered seriously, as well as the logistics of volume storage and cost. However, the FOH Formulary Committee will consider this request on an urgent basis and a recommendation as to whether FOH could provide these safely is expected within 10 business days. As was stated in an earlier document, it is critically important that any measures taken by agencies be coordinated with the local Emergency Medical System and disaster planning. Therefore, the security personnel should be urged to speak with the local public health department, local hospital emergency room physicians and/or the fire rescue team to learn about contingency plans they have in place that could be coordinated.

Since initial anthrax symptoms mimic flu-like symptoms, should FOH providers refer them to their private physician, or the local health department for testing/diagnosis?

A more detailed fact sheet about the signs and symptoms of anthrax is being distributed to all health centers to assist in discriminating symptoms. In order not to overwhelm local emergency rooms and public health departments, employees with suspicious symptoms should be referred to their private health care provider like any other illness that you cannot treat appropriately in the health center. The private physician will evaluate, treat and refer as necessary.

Can FOH supply anthrax test kits for agencies or perform anthrax testing?

There is no specific test kit per se for anthrax. Exposure/infection to anthrax can either be detected via antibody testing of the blood or cultures from skin, nasal passages, etc. At this time, because of the need for public health authorities to know of all suspected cases, those who believe they have been exposed and/or have symptoms must contact their private health care provider or local health department for further evaluation.