

WELCOME TO THE INAUGURAL BROADCAST

OF



BIOTERRORISM:

IMPLICATIONS FOR PUBLIC HEALTH

For technical assistance . . .

U.S. Technical Help: (800) 728-8232

Canada Technical Help: (404) 639-1289

THE CASE

The threatening letter was opened by an administrative assistant, who called 911; police, fire, emergency medical services (EMS), and hazardous materials units (HAZMAT) (i.e., first responders) were sent to the clinic, and the local FBI office was contacted. The letter was sealed in a plastic bag and collected by FBI. All 31 adults who were in the building when the letter was opened were considered possibly exposed to *Bacillus anthracis* spores and were detained for approximately 3 hours.

First responders in consultation with public health officials in the Marion County Health Department (MCHD) decontaminated the potentially exposed persons in a temporary shelter constructed on the scene. HAZMAT personnel used full protective gear with self-contained respirators (level A protection). The 31 occupants placed their clothing and personal effects in plastic bags and showered using soap and water plus a dilute bleach solution. The desktop where the letter was opened was washed with a 5% hypochlorite solution (i.e., standard household bleach). All 31 persons were transported to local emergency departments (EDs) to receive oral chemoprophylaxis with ciprofloxacin (500 mg twice daily); some underwent additional decontamination (i.e., showered again with soap and water) as required by hospital policy.

Public health officials from the MCHD collected contact information from all persons and informed them they would be notified when results from laboratory testing were available; arrangements also were made for counseling. The letter was taken by FBI to the Indiana State Department of Health Laboratory, where cultures for *B. anthracis* were negative. The next day, FBI transported the letter to the United States Army Medical Research Institute for Infectious Diseases (USAMRIID), U.S. Department of Defense, in Ft. Detrick, Maryland, where direct fluorescent antibody testing and culture were negative.

DURING THE BROADCAST

Question & Answer Session

There will be a question and answer session at the end of the broadcast. Please use the following numbers to call or fax in:

In the United States

Voice: (800) 793-8598
Fax: (800) 553-6323
TTY: (800) 815-8152

In Canada:

Voice: (404) 639-0180
Fax: (404) 639-0181
TTY: (404) 639-0182

Helpful Reminders

- Phone in on a regular handset from a quiet area.
- Do not use a speaker phone.
- When calling in, turn off the sound from your television, or use a telephone in another room.
- Follow-up questions are normally acceptable, but please be brief.
- Remain on the telephone to hear the response to your question or comment.
- Be prepared to give your first name, location, and a brief summary of your question or comment.
- You will be on-the-air after you hear a “whoosh” sound and the moderator calls your name or state. Please begin speaking immediately.

If you do not have an opportunity to have your question answered during the broadcast, please submit it online at www.PublicHealthGrandRounds.unc.edu. The online question and answer forum will last until June 18, 1999.

AFTER THE BROADCAST

EVALUATION

An online evaluation form will be available at www.PublicHealthGrandRounds.unc.edu following the broadcast. Completion of this online evaluation is necessary to receive continuing education credit.

COPY OF PROGRAM NOTES

During the broadcast, graphics will be used to support the issues that the speakers are discussing. Copies of these notes will be made available at the Public Health Grand Rounds Web site.

QUESTION & ANSWER FORUM

For one week following the program, faculty from the CDC and the UNC School of Public Health will answer questions submitted to an online forum. This forum can be found at the Public Health Grand Rounds Web site.

RESOURCES

The following are online resources that can also be found at our Web site.

<http://www.cdc.gov/ncidod/diseases/bioterr.htm>

<http://www.hopkins-biodefense.org>

STAY TUNED . . .

The next Public Health Grand Rounds is titled “Breast Cancer: Identifying Good Prevention Practices Amid the Controversies” and will be broadcast on September 29, 1999. Information about this program will be posted at PublicHealthGrandRounds.unc.edu. We’ll see you in September.

CDC Bioterrorism Preparedness and Response

The Department of Health and Human Services (DHHS) has designated the Centers for Disease Control and Prevention (CDC) to lead its public health preparedness effort for biological and chemical terrorism. CDC will seek broad-based consensus regarding strategy for effecting complementary and coordinated improvements in bioterrorism-related expertise, facilities, and procedures at local, state, and national public health communities.

The extramural priority areas are:

- preparedness planning and readiness assessment at the local and state health department level
 - *To assist in the development and implementation of plans to address public health issues following a biologic or chemical terrorist attack*
- surveillance and epidemiology capacity
 - *To assist state and major city health departments to enhance, design, or develop systems for rapid detection of unusual outbreaks of illness that may be the result of terrorism involving biological or chemical agents*
- laboratory capacity—biologic agents
 - *To strengthen the capacity for state or major city public health laboratories to be able to conduct rapid and accurate diagnostic and reference testing for select biologic agents*
- laboratory capacity—chemical agents
 - *To strengthen the capacity for state or major city public health laboratories to acquire and maintain state-of-the-art diagnostic capabilities for chemical agents*
- Health Alert Network/training
 - *To establish and maintain a communications network at state and local health departments that will support exchange of key information over the Internet, training of health workers, assurance of organizational capacity to respond to bioterrorism and other urgent needs caused by health threats, and provide for rapid dissemination of public health advisories to the news media and the public at large*

The intramural priority areas are:

- preparedness of state and local health departments
- detection of outbreaks of illness that might have been caused by terrorists
- laboratory identification and characterization of causal agents for outbreaks
- electronic communications among public health officials
- develop a National Pharmaceutical Stockpile

4/20/1999