

BIOTERRORISM

Local authorities are prepared, confident

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The threat of bioterrorism hits home when companies issue directives for handling mail to their employees. The U.S. Postal Service adds that "neither snow nor rain nor heat nor gloom of night" keeps postal workers from their duty now seems a cruel parody. Anthrax has struck postal facilities in New York and Washington D.C. People have died.

Public health officials at all levels are faced with the dual responsibility of calming the public while preparing for a possible emergency. Epidemiologist Keith Tait, director of the Disease Control Division, Wayne County Department of Public Health, has received scores of calls from frantic citizens.

"They think they have been exposed to a white powder, everything from a chair with powder to a hamburger bun," he said.

Tait's response has become routine: Contact your local police or fire department. That's the place to start. Specially trained police and fire officials will make the initial assessment.

In the event of an actual or suspected bioterrorist incident, the police are pre-determined partners in a protocol that includes public safety officials, the FBI, local and state health departments and the Centers for Disease Control and Prevention.

If people think they are symptomatic – even though they have not been exposed – Tait advises them to seek medical attention. "I tell them to go to their doctor or a hospital as they would have prior to September 11 and all this anthrax stuff."

Dr. Suzanne White, medical director, Pelon Control Center, Children's Hospital of Michigan, said the hospital has had "many, many people walking in saying they have been exposed to a suspicious powder."

Do not head to the emergency room, she emphasized. Worse, do not bring any suspicious powders, letters or packages to the emergency room. "That can contaminate the hospital."

Anthrax threat is minimal

Symptoms of early anthrax infection resemble

the flu – runny nose, fever, body aches. As flu season approaches, this could present a problem to busy hospital emergency rooms.

"We have had a couple of patients show up asking to be checked for anthrax," said Dr. Ash Gokli, chairman of emergency medicine, St. Mary Mercy Hospital in Livonia. "The only reason was because they had flu-like symptoms. There was no exposure to anthrax."

Unless there is a strong suspicion of anthrax exposure, it is not medically viable for physicians to routinely run tests for anthrax on every patient, said Gokli. "The flu is so common and anthrax is so rare."

In a recently published interview with its director, Dr. Jeffrey P. Koplan, the Centers for Disease Control and Prevention assured the public that the risk of contracting anthrax is "infinitesimal."

"The risk is for people who have been in a place of known exposure, and we've seen that in a few instances in the last couple of weeks in this country.... Persons who have not been in these circumstances are not at risk," said Koplan.

To date, 97 samples of suspicious white powder have been sent to the Michigan Department of Community Health's laboratory in Lansing for anthrax testing. So far, 88 samples have completed the testing process.

"Even the ones that haven't undergone all the testing are looking negative," said Carolyn Lasher, the department's director of communication.

Communities are prepared

The Michigan Department of Community Health has been preparing for a bioterrorist crisis since 1999, when it received a \$1.6 million, three-year grant from the Centers for Disease Control and Prevention for that purpose, said Lasher. Michigan was one of several states that applied.

Among other things, the money has been used to increase surveillance and reporting ability, as well as improving technical capabilities. The MDCH also gained the cooperation of local hospital emergency room staff in establishing procedures.

"Until September 11, we did not have that much participation," said Lasher. "Doctors at the

local level thought 'I don't have to do that yet.'"

The Michigan Department of Community Health is prepared to handle a bioterrorist event, stressed Lasher. "We have enough supplies (of antibiotics). If we needed more, we'd draw down the CDC."

The services of the CDC's National Pharmaceutical Stockpile Program – which ensures the availability of life-saving pharmaceuticals, antibiotics, chemical interventions, as well as medical, surgical and patient support supplies – are available to all U.S. public health departments.

In the event of a bioterrorist disaster, the NPSF can have "12-Hour Push Packages" of appropriate materials on site in secured warehouses ready for deployment to affected areas with 12 hours of a federal decision to release the supplies.

At the local level, the Wayne County Department of Health has its own disaster plan. It also works through the county's Emergency Management System. In case of a major local bioterrorist event, the health department would set up "concentric circles of testing, expanding the circles according to need," said Tait.

They do have a supply of antibiotics, including Cipro. "We could mobilize quicker than 12 hours," said Tait. "If we needed massive amounts, we would have to go to the state health department."

Small pox is bigger threat

"Smallpox could be a bigger threat because it is very contagious," said Dr. Gokli. "And over the years, the immunization (of those vaccinated) would be low."

He added that even if it became necessary to vaccinate against smallpox on a large scale, a certain population would be ineligible, such as people with HIV and patients on steroids and

chemotherapy. "Even if they immunized them, the immunization may not take effect."

According to the Centers for Disease Control, the NPSF as a cache of vaccine available to address smallpox threats. However, said Tait, most likely a vaccination priority would be established.

"Chances are it would go to the military or be channeled to outbreak areas first.... Hopefully, smallpox won't show."



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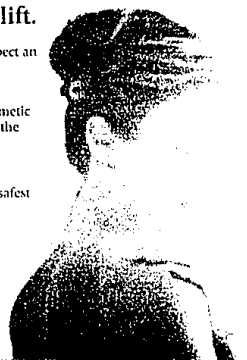
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