
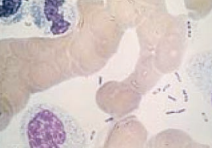

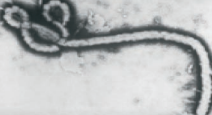
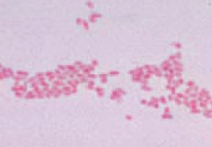



# BIOTERRORISM SYNDROMES

If you suspect disease from a potential bioterrorism event, call the LACDHS Acute Communicable Disease Control Unit (ACDC) IMMEDIATELY:

**Tel: (213) 240-7941 or after hours (213) 974-1234**

ACDC will arrange for specialized lab testing; guidelines for treatment, prophylaxis, and infection control; and activate local, state, and federal emergency response systems.

Syndrome	Bioterrorism threat disease description	Differential diagnosis	Picture	Initial laboratory & other diagnostic test results	Immediate public health & infection control actions
<b>Acute Respiratory Distress with Fever</b>	<b>Inhalational Anthrax</b> Abrupt onset of fever, chest pain, respiratory distress without radiographic findings of pneumonia, no history of trauma or chronic disease, progression to shock and death within 24-36 hours.	Dissecting aortic aneurysm, pulmonary embolism, influenza		Chest x-ray with widened mediastinum; gram-positive bacilli in sputum or blood; definitive testing available at the LAC Public Health Laboratory, (213) 250-8619.	Call ACDC. Alert your laboratory to possibility of anthrax. No person-to-person transmission.  Infection control: standard precautions.
	<b>Pneumonic Plague</b> Apparent severe community-acquired pneumonia but with hemoptysis, cyanosis, gastrointestinal symptoms, shock.	Community-acquired pneumonia, Hantavirus pulmonary syndrome, meningococemia, rickettsiosis, influenza		Gram-negative bacilli or coccobacilli in sputum, blood or lymph node; safety-pin appearance with Wright or Giemsa stain; definitive testing available at the LAC Public Health Laboratory, (213) 250-8619.	Call hospital infection control and ACDC. Ask family members/close contacts of patient to stay at the hospital (if already present) for public health interview/chemoprophylaxis; get detailed address and phone number information. Alert laboratory of possibility of plague.  Infection control: droplet precautions in addition to standard precautions.
	<b>Ricin (aerosolized)</b> Acute onset of fever, chest pain and cough, progressing to respiratory distress and hypoxemia; not improved with antibiotics; death in 36-72 hours.	Plague, Q fever, staphylococcal enterotoxin B, phosgene, tularemia, influenza		Chest x-ray with pulmonary edema. Consult with ACDC regarding specimen collection and diagnostic testing procedures.	Call ACDC.  Infection control: standard precautions.
	<b>Staphylococcal Enterotoxin B</b> Acute onset of fever, chills, headache, nonproductive cough and myalgia (influenza-like illness) with a NORMAL chest x-ray.	Influenza, adenovirus, mycoplasma		Primarily clinical diagnosis. Consult with ACDC regarding specimen collection and diagnostic testing procedures.	Call ACDC.  Infection control: standard precautions.
<b>Acute Rash with Fever</b>	<b>Smallpox</b> Papular rash with fever that begins on the face and extremities and uniformly progresses to vesicles and pustules; headache, vomiting, back pain, and delirium common.	Varicella, disseminated herpes zoster, vaccinia, monkeypox, cowpox		Clinical with laboratory confirmation; vaccinated, gowned and gloved person obtains specimens (scabs or swabs of vesicular or pustular fluid). Call ACDC immediately before obtaining specimen; definitive testing available through CDC.	Call hospital infection control and ACDC immediately. Ask family members/close contacts of patient to stay at the hospital (if already present) for public health interview and vaccination; get detailed address and phone number information.  Infection control: airborne and contact precautions in addition to standard precautions.
	<b>Viral Hemorrhagic Fever (e. g., Ebola)</b> Fever with mucous membrane bleeding, petechiae, thrombocytopenia and hypotension in a patient without underlying malignancy.	Meningococemia, malaria, typhus, leptospirosis, borreliosis, thrombotic thrombocytopenic purpura (TTP), hemolytic uremic syndrome (HUS)		Definitive testing available through public health laboratory network--call ACDC immediately.	Call hospital infection control and ACDC immediately. Ask family members/close contacts of patient to stay at the hospital (if already present) for public health interview and follow-up; get detailed address and phone number information.  Infection control: contact precautions in addition to standard precautions.
<b>Neurologic Syndromes</b>	<b>Botulism</b> Acute bilateral descending flaccid paralysis beginning with cranial nerve palsies.	Guillain-Barré syndrome, myasthenia gravis, mid-brain stroke, tick paralysis, Mg <sup>++</sup> intoxication, organophosphate, carbon monoxide, paralytic shellfish, or belladonna-like alkaloid poisoning, polio, Eaton-Lambert myasthenic syndrome		CSF protein normal; EMG with repetitive nerve stimulation shows augmentation of muscle action potential; toxin assays of serum, feces, or gastric aspirate available at the LAC Public Health Laboratory. Call ACDC to request testing.	Request botulinum antitoxin from ACDC.  Infection control: standard precautions.
	<b>Encephalitis (Venezuelan, Eastern, Western)</b> Encephalopathy with fever and seizures and/or focal neurologic deficits.	Herpes simplex, post-infectious, other viral encephalitides		Serologic testing available at the LAC Public Health Laboratory, (213) 250-8619.	Call ACDC.  Infection control: standard precautions.
<b>Influenza-Like Illness</b>	<b>Brucellosis</b> Irregular fever, chills, malaise, headache, weight loss, profound weakness and fatigue. Arthralgias, sacroiliitis, paravertebral abscesses. Anorexia, nausea, vomiting, diarrhea, hepatosplenomegaly. May have cough and pleuritic chest pain.	Numerous diseases, including Q Fever, brucellosis		Tiny, slow-growing, faintly-staining, gram-negative coccobacilli in blood or bone marrow culture. Leukocyte count normal or low. Anemia, thrombocytopenia possible. CXR nonspecific: normal, bronchopneumonia, abscesses, single or miliary nodules, enlarged hilar nodes, effusions. Serologic testing and culture available at the LAC Public Health Laboratory, (213) 250-8619.	Notify your laboratory if brucellosis suspected--microbiological testing should be done in a biological safety cabinet to prevent lab-acquired infection. Call ACDC.  Infection control: standard precautions.
	<b>Tularemia (Typhoidal, Pneumonic)</b> Fever, chills, rigors, headache, myalgias, coryza, sore throat initially; followed by weakness, anorexia, weight loss. Substernal discomfort, dry cough if pneumonic disease.			Small, faintly-staining, slow-growing, gram-negative coccobacilli in smears or cultures of sputum, blood. CXR may show infiltrate, hilar adenopathy, effusion. Definitive testing available at the LAC Public Health Laboratory, (213) 250-8619.	Notify your laboratory if tularemia suspected--microbiological testing should be done in a biological safety cabinet to prevent lab-acquired infection. Call ACDC.  Infection control: standard precautions.

Adapted from California State and Local Health Department Bioterrorism Surveillance and Epidemiology Working Group, 2001.

Rev. 10/18/01



For routine disease reporting, continue to call Communicable Disease Reporting System (CDRS)

Hotline: (888) 397-3993 • Faxline: (888) 397-3778 • E-mail: [cdsreprt@dhs.co.la.ca.us](mailto:cdrsreprt@dhs.co.la.ca.us)

[www.lapublichealth.org](http://www.lapublichealth.org) • [www.labt.org](http://www.labt.org)