**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.

### Acute Respiratory Distress with Fever

- **Inhalational Anthrax**
  - 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.
  - Disseminating septic 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.

- **Pneumonic Plague**
  - Apparent severe community-acquired pneumonia but with hemoptysis, cyanosis, gastrointestinal symptoms, shock.
  - Community-acquired pneumonia, Haemophilus influenzae, meningococcal meningitis, nocardiosis, influenza.
  - Gram-negative bacilli or coccobacilli in sputum, blood or lymph nodes, safety-pin appearance with Wright or Gram 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 and vaccination; get detailed address and phone number information. Alert laboratory of possibility of plague.

- **Siphlophylcoccal Enterotoxin 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.

- **Smallpox**
  - Poplar rash with fever that begins on the face and extremities and uniformly progresses to vesicles and pustules, headache, vomiting, back pain, and delirium common.
  - Variola, disseminated herpes zoster, vaccinia, monkeypox, cowpox.
  - Clinical with laboratory confirmation, vaccinated, gloved and gloved patient 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.

- **Viral Hemorrhagic Fever**
  - Fever with mucous membrane bleeding, petechiae, thrombocytopenia and hypotension in a patient without underlying malignancy.
  - Meningococcaemia, malaria, typhus, leptosprirosis, lobar pneumonia, thrombotic thrombocytopenic purpura, HUS (haemolytic/uraemic syndrome).
  - 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.

### Neurologic Syndromes

- **Botulism**
  - Acute bilateral descending flaccid paralysis beginning with cranial nerve palsies.
  - Guillain-Barré syndrome, myasthenia gravis, myclonus, pyramidal tract,矢tor paralysis, Myasthenia gravis, carbon monoxide, paralytic shell fish, or belladonna-like alkaloid poisoning, para, Eaton-Lambert myasthenic syndrome.
  - CSF protein normal; EMG with repetitive nerve stimulation shows augmentation of muscle action potential, twitches of serum, fexes, or gastric aspirate available at the LAC Public Health Laboratory. Call ACDC to request testing.
  - Request botulinum antitoxin from ACDC.

- **Encephalitis (Venezuelan, Eastern, Western)**
  - Encephalopathy with fever and seizures and/or local neurologic deficits.
  - Herpes simplex, post-infection, other viral encephalitides.
  - Serologic testing available at the LAC Public Health Laboratory, (213) 250-8619.
  - Call ACDC.

### Influenza-like Illness

- **Brucellosis**
  - Irregular fever, chills, malaise, headache, weight loss, profound weakness and fatigue. Arthritis, sarcoidosis, paravertebral abscesses. Arthralgia, nausea, vomiting, diarrhea, hepatitis, splenomegaly. May have cough and pleuritic chest pain.
  - Tiny, slow-growing, foul-smelling, gram-negative coccobacilli in sputum or bone marrow culture. Leukocyte count normal or low. Arthralgia, Brucellaemia possible. OXI: non-specific; normal, bronchopneumonia, abscesses, single or multiple 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.

- **Tularemia (Typhoidal, Pneumonic)**
  - Fever, chills, rigors, headache, myalgia, cough, sore throat initially, followed by weakness, anorexia, weight loss. Substantial discomfort, dry cough if pneumatic disease.
  - Numerous diseases, including Q Fever, brucellosis.
  - Small, foul-smelling, slow-growing, gram-negative coccobacilli in sputum or culture of sputum. OXI 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.