ANTHRAX EMERGENCY INFORMATION: TRANSMISSION, PREVENTION, & INFECTION CONTROL

WHAT IS ANTHRAX?	• Caused by the spore-forming bacterium *Bacillus anthracis*
	• Can occur in three forms: cutaneous (skin), inhalation, and gastrointestinal
	• These symptoms can occur within 7 days of infection:
	  • Fever (temperature greater than 100 degrees F). The fever may be accompanied by chills or night sweats.
	  • Flu-like symptoms
	  • Cough (usually a non-productive), chest discomfort, shortness of breath, fatigue, and muscle aches
	  • Sore throat, followed by difficulty swallowing, enlarged lymph nodes, headache, nausea, loss of appetite, abdominal distress, vomiting, or diarrhea
	  • A sore, especially on your face, arms or hands, that starts as a raised bump and develops into a painless ulcer with a black area in the center	

TRANSMISSION & INCUBATION	• Anthrax is not contagious; the illness cannot be transmitted from person to person • Contaminated clothing may be a source of transmission for inhalation or cutaneous anthrax • Humans can become infected with anthrax by handling products from infected animals, by breathing in anthrax spores from infected animal products, or by eating contaminated meat • Incubation period is usually 1-6 days but may be as long as 60 days after spores are released • Transmission can take place by inhaling Anthrax spores, which could happen in an aerosol release during a bioterrorism attack	
HOW LONG CAN ANTHRAX SPORES EXIST IN THE ENVIRONMENT?	• *B. anthracis* spores can survive in soil for decades • Anthrax is most common in agricultural regions where it occurs in animals. Areas include South and Central America, Southern and Eastern Europe, Asia, Africa, the Caribbean, and the Middle East. Anthrax in wild livestock has occurred in the United States.	
DECONTAMINATION	• Yes, if patient has visible contamination or if recent aerosol exposure is suspected. • If exposure is localized, Patient/Companion remove clothes and place in red biohazard bag. • Patient/companion wash hands and exposed areas with soap & water. • Decontamination of buildings from intentional release of *B. anthracis* is a new problem, and no accumulated scientific knowledge exists on the subject.	
***POST-EXPOSURE* PROPHYLAXIS / IMMUNIZATION**	• Ciprofloxacin 500 mg or Doxycycline 100 mg twice a day for 60 days	
PRECAUTIONS FOR STAFF WITHOUT PATIENT CONTACT	• No special precautions or prophylaxis are recommended for staff who have no contact with patients or materials and equipment associated with their care.	
PRECAUTIONS FOR STAFF WITH PATIENT CONTACT	**PRE-DECONTAMINATION** • N-95 respirator or PAPR • Gloves • Long-sleeved gown • HCW leaves gown, gloves, & mask in red biohazard bag • Hand-washing; **DO NOT USE alcohol gel**	**POST-DECONTAMINATION** • Standard Universal Precautions • • Gloves if contact with cutaneous anthrax lesions
PATIENT PRECAUTIONS	• any companion should also be placed in room; cohort patients with similar symptoms as needed • Dressing to cover cutaneous anthrax lesion • • Isolate in private room;	
ENVIRONMENTAL PRECAUTIONS	• Clean room with 0.5% hypochlorite or EPA approved disinfectant • OEH&S performs terminal cleaning wearing long-sleeved gown, gloves, surgical mask and goggles or face shield • • Routine cleaning/disinfection of non-disposable equipment • Disposable items having had direct cutaneous wound contact need to be disposed of	

	in red biohazard bags. • • Biohazard waste disposal for linens, disposable items, including cleaning supplies & solutions; OEH&S removes bags • Disinfect non-disposable items