

DETECTING BIOTERRORISM

The Clinician's Role

Health care providers will be “first responders” in the event of a bioterrorism attack or other public health emergency. **Early detection by astute clinicians and rapid reporting to the local health department will be critical** in minimizing the impact of a bioterrorism event or other disaster.

Bioterrorism attacks are likely to present as acute outbreaks of an unusual syndrome, or outbreak of illnesses in the “wrong” season, or geographic area.

If you see patient(s) with any of the following clinical syndromes:

1. Acute severe pneumonia or respiratory distress
2. Encephalopathy
3. Acute onset neuromuscular symptoms
4. Otherwise unexplained rash with fever
5. Fever with mucous membrane bleeding
6. Unexplained acute icteric syndromes
7. Massive diarrhea with dehydration and collapse

In the setting of any of the following:

1. Atypical host characteristics:
 - Young (< 50 years)
 - Immunologically intact
 - No underlying illness
 - No recent international travel or other exposure to potential source of infection
2. Serious, unexpected, acute illness
 - Abrupt onset
 - Prostration
 - Cardiovascular collapse
 - Respiratory distress
 - Obtundation/change in mental status
 - Disseminated intravascular coagulation
3. Multiple similarly presenting cases, especially if
 - Geographically associated, or
 - Closely clustered in time
4. Increases in common syndromes occurring out of season
 - Influenza-like-illness in the summer

Please call the Public Health Department immediately. We would like to hear from you even if you only have some suspicion that something isn't quite right.

During business hours (M-F, 8:30 am – 5 pm)

(707) 445-6200

After hours, call Sheriff Dispatch and ask
to speak with the Health Officer

(707) 445-7251

Public Health Laboratory (specimen submission, routing info)

(707) 445-6200