



STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

To: Chief Executive Officers, non-New York City Hospitals

**cc: Local Health Unit Commissioners and Directors,
Regional Directors, State Health Department**

**From: Robert G. Westphal, MD, MPH
Emergency Preparedness and Response Program
New York State Department of Health**

Re: Monitoring for Unusual Illnesses or Disease Clusters

**Please distribute this memo to: Emergency Department Director
Infection Control Practitioner
Medical Director and Staff
Hospital Laboratory Director**

In the wake of the terrorist attacks in New York City and Washington, D.C., the Centers for Disease Control and Prevention (CDC) has requested all states to monitor for unusual disease patterns. This memo is to update you on some of the activities underway in New York City following the World Trade Center (WTC) attack, and to provide instructions for conducting enhanced monitoring to identify unusual illnesses or disease clusters. This is in follow-up to a CDC alert distributed to hospital CEOs by the New York State Department of Health (NYSDOH) on September 11th.

I. Update on Monitoring Activities in New York City

There is no evidence that biological or chemical agents were used during the WTC attack. Emergency departments in New York City have reported no evidence of an infectious outbreak. Laboratory tests of environmental samples from the affected area have all been negative. Nonetheless, as an added precaution, public health officials have asked that hospitals increase activities to identify unusual illnesses or disease clusters. The New York City Health Department (NYCDOH) and the CDC are conducting activities at 15 sentinel NYC hospitals for eleven syndromes that may provide early warning of a biological agent release. Examples of the syndromes being surveyed include respiratory illness with fever, botulism-like syndrome, meningitis/encephalitis, and unexplained death with fever. No evidence suggestive of a biological agent release has been detected.

II. Clinical Recognition and Management of Suspected Unusual Events

Healthcare providers should be alert to the illness patterns and diagnostic clues that might signal an unusual infectious disease outbreak due to the intentional release of a biological agent and report these concerns immediately to the appropriate local health department. The covert release of a biological agent will not have an immediate impact because of the delay between exposure and onset of illness. Consequently, the first indication of a biologic attack may only be identified when ill patients present to physicians or other healthcare providers for clinical care.

The following clinical and epidemiological clues, adopted from the NYCDOH, are suggestive of a possible unusual event:

- Any unusual increase or clustering in patients presenting with clinical symptoms that suggest an infectious disease outbreak (e.g., ≥ 2 patients presenting with an unexplained febrile illness associated with sepsis, pneumonia, adult respiratory distress, mediastinitis, or rash; or a botulism-like syndrome with flaccid muscle paralysis, especially if occurring in otherwise healthy individuals)
- Any suspected or confirmed communicable disease that is not endemic in New York (e.g., anthrax, plague, smallpox, or viral hemorrhagic fever). See attached table outlining the clinical issues of the most likely bioterrorist agents.
- Any unusual age distributions or clustering for a rare or common disease (e.g., chickenpox or measles in adults)
- Any sudden increase in the following non-specific syndromes, especially if illness is occurring in previously healthy individuals and if there is an obvious common site of exposure:
 - Respiratory illness with fever
 - Gastrointestinal illness
 - Encephalitis or meningitis
 - Neuromuscular illness (e.g., botulism)
 - Fever with rash
 - Bleeding disorders
- Simultaneous disease outbreaks in human and animal populations
- Any unusual temporal and/or geographic clustering of illness (e.g., persons who attended the same public event or religious gathering)

Some infections caused by biological agents present with distinctive signs that can provide valuable diagnostic clues. In previously healthy persons presenting with a febrile illness, the following signs and symptoms are highly suggestive of infection with certain biological agents:

<u>Diagnostic sign</u>	<u>Disease</u>
▪ Widened mediastinum:	Inhalational anthrax
▪ Pneumonia with hemoptysis:	Pneumonic plague
▪ Vesicular/pustular rash starting on face and hands, with all lesions at the same stage of development:	Smallpox

In addition, microbiology laboratorians should be alert to patients with blood cultures growing Gram positive rods, as anthrax can look like any other *Bacillus species*. All suspect *Bacillus* cultures, especially from the blood, should be further identified using motility (*B. anthracis* is non-motile) and other criteria. All suspect cultures should be referred to the NYSDOH Wadsworth Center using the contact number below.

Most of the potential pathogens that could be used as a biologic weapon (e.g., anthrax, plague, and smallpox) would present initially as a non-specific influenza-like illness. Therefore, an unusual pattern of respiratory or influenza-like illness (i.e., occurring out of season or large numbers of previously healthy patients presenting simultaneously) should prompt clinicians to alert the local health department. These disease patterns might represent an early start to the influenza season, the introduction of a new pandemic strain, or could be the initial warning of a bioterrorist event.

III. Reporting Unusual Illnesses or Clusters

Any unusual disease pattern should be reported immediately to the appropriate local health department. If you cannot make contact, call the NYSDOH Bureau of Communicable Disease Control (BCDC).

During normal business hours:	(518) 473-4436
After business hours and on weekends:	(518) 465-9720

IV. Laboratory Testing of Clinical Specimens

The NYSDOH's Wadsworth Center is a designated Level C laboratory under the national laboratory defense network and will conduct definitive diagnostic work on biological or chemical specimens. Biohazard specimens are considered legal evidence relating to non-accidental exposure to nuclear, biological, and chemical agents. The Wadsworth Center will accept Department-approved specimens (physical evidence) from members of the health services system or law enforcement agencies. Material submitted as physical evidence must comply with the policies set forth to ensure appropriate chain of custody and specimen-handling guidelines. *Please contact Wadsworth Center before submitting a specimen; special sample transportation may be necessary. For instructions on submitting specimens, call 518 474-2821 (during normal business hours) or 518 465-9720 (after hours).*

V. Local Coordination

The NYSDOH and local health departments are beginning active monitoring of hospital emergency room activity. At a minimum, local health departments will monitor the numbers of emergency department visits per day and the presence of any unusual illnesses or disease clusters. Your cooperation when the local health department contacts you is requested. We also ask that you make immediate and regular contact with your local health department, as well as with your community's emergency planning group, in order to increase and improve coordinated response planning at the community level.

VI. Additional Information

Health Alert Network

The NYSDOH Health Alert Network (HAN) is a secure web site containing specific information about bioterrorism and disaster planning and preparedness. Hospitals can access the health alert network through the Health Provider Network (HPN). An ID and password are required in order to access the HAN. An HPN password is adequate. To receive an ID and password in the event you have none, you must contact your facility's HPN coordinator, fill out the appropriate paperwork, and submit the paperwork to the New York State Department of Health, Office of Health Systems Management. If you have questions about obtaining access to the HAN, please contact Becky Ramsey, Office of Health Systems Management, NYSDOH, at (518) 402-1040.

CDC Website

For more information on biological agents, please consult the Center for Disease Control's Bioterrorism Website at: <http://www.bt.cdc.gov>. You will find similar information on the NYSDOH HAN web-site, with direct links to the CDC site and many others.

Vaccines and Prophylaxis

There are no recommendations for prophylactic antibiotic treatment at this time, since no biological agents have been identified in recent events. Avoidance of unnecessary antibiotics is important.

As you may know, vaccines for anthrax and for smallpox are not currently available to the public; only military personnel are being vaccinated against anthrax at this time, a series of 8 injections over 18 months. When detected in time, anthrax can be treated or prevented with antibiotics. The supply of smallpox vaccine is quite limited, and it is unlicensed and unavailable for the public. According to the CDC, widespread vaccination would be undertaken only in the event of an identified smallpox release or outbreak. The administration of smallpox vaccine within 2-4 days of exposure will prevent or attenuate development of smallpox, which has a 12-14 day incubation period. Additional vaccines and vaccine supplies are under urgent development by the federal government.

ACKNOWLEDGEMENT OF THIS DOCUMENT

Due to the important nature of this document and the need for our department to ensure that communication channels are open and effective, please complete the information below and fax (518/ 474-7381) this sheet to Robert Westphal MD, MPH, Emergency Preparedness and Response Program by Tuesday, October 9, 2001. Alternatively, the information can be emailed to RGW03@health.state.ny.us.

PLEASE TYPE OR PRINT CLEARLY.

Hospital: _____ **County:** _____

1. This document was received by _____,
Title _____, on ____/____/____.
Phone: _____ Fax _____
e-mail: _____

2. This document was distributed to:

a. Emergency Department Director

Name _____

Phone: _____ Fax _____

Email: _____

Do you wish to be contacted about getting an HPN ID and Password?

Yes ____ No ____

b. Infection Control Practitioner or Hospital Epidemiologist

Name _____

Phone: _____ Fax _____

Email: _____

Do you wish to be contacted about getting an HPN ID and Password?

Yes ____ No ____

c. Medical Director and Staff

Name _____

Phone: _____ Fax _____

Email: _____

Do you wish to be contacted about getting an HPN ID and Password?

Yes ____ No ____

d. Hospital Laboratory Director Name _____

Phone: _____ Fax _____

Email: _____

Do you wish to be contacted about getting an HPN ID and Password?

Yes ____ No ____

Thank you for your cooperation. Questions regarding this document can be directed to Dr. Westphal at the state health department at (518) 473-1730.