



A) Urgent health issues which require immediate notification of the DOHMH by providers include:

**1 – Any unusual increase or clustering of patients presenting with clinical symptoms suggestive of an infectious disease outbreak** (*e.g., a sudden increase in patients presenting with unexplained pneumonia, respiratory failure or sepsis – especially if occurring in persons who are otherwise healthy.*)

**2 – Clinical signs suggestive of infection potentially resulting from a bioterrorist agent, such as:**

- Widened mediastinum with fever and sepsis: Inhalational anthrax
- Hemorrhagic gram-negative pneumonia: Pneumonic plague
- Vesicular/pustular rash starting on face and hands, with all lesions at the same stage of development: Smallpox

Please note that it is mandatory that the following infections—**Anthrax, Brucellosis, Q Fever, Tularemia, Botulism, Plague, Smallpox**—be immediately reported to the NYC DOHMH. Please call the Bureau of Communicable Disease immediately if you evaluate patients with any of these suspected illnesses or conditions. Our contact numbers are as follows:

**Business hours (M-F 9am – 5pm): 212-788-9380**

**Non-business hours: 212-764-7667 (212-POISONS) within Manhattan  
800-222-1222 for calls from outside Manhattan**

B) **The NYC DOHMH will continue to closely monitor its syndromic surveillance systems for detecting unusual increases in prodromal clinical presentations that might provide an early warning of a bioterrorist attack.**

- a. **Active Emergency Department (ED) Syndromic Surveillance:** The NYC DOHMH conducts daily analyses of ED chief complaint data from 37 sentinel hospitals for illness syndromes that would likely occur if a biological pathogen was released covertly in New York City, including febrile illness associated with respiratory symptoms or rash with fever. In the event that this surveillance system identifies increases or clustering of syndromes in the community, the NYC DOHMH will initiate a rapid epidemiologic investigation to determine the etiology of the illness. If an outbreak is confirmed, we would rapidly notify the medical community by our broadcast alert system, regardless of whether the source is natural or intentional.

- b. **Syndromic Surveillance of 911-EMS Calls:** Many potential bioterrorist agents, including anthrax, plague, tularemia and smallpox, have an initial influenza-like illness prodrome. Detection of an increase in non-specific influenza-like illness could provide an early warning of a bioterrorist event. Since 1999, the NYC DOHMH has been actively monitoring 911-EMS calls on a daily basis to identify temporal or geographic increases in respiratory illnesses that might represent any infectious disease outbreak, including seasonal influenza, an unexpected introduction of a pandemic influenza strain, as well as a potential bioterrorist event. This system has been validated on an annual basis, as each year, the first surveillance indicator at the start of the influenza season has been an increase in 911-EMS calls compared to an established baseline.

Sincerely,

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MPH**

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**Attachments:**

**Appendix: Bioterrorism Information Sources on the Web**

## Appendix:

### **Bioterrorism Information Sources on the Web**

**For more detailed clinical information on specific pathogens that might be used in a bioterrorist event, please consult the following references or websites:**

- **CDC Bioterrorism Website:** <http://www.bt.cdc.gov>  
This website is one of the most comprehensive, up-to-date website regarding bioterrorism.
- **American College of Physicians:** <http://www.acponline.org/bioterro/>  
General background information on bioterrorism agents and resources for further exploration.
- **Association for Infection Control Practitioners:** <http://www.apic.org/bioterror/>  
General information on bioterrorism and biological agents, as well as specific information on bioterrorism as it relates to healthcare facilities (i.e., isolation precautions, patient fact sheets).
- **Infectious Diseases Society of America:** <http://www.idsociety.org>  
In addition to Frequently Asked Questions, this site reviews the heightened surveillance recommended by the Centers for Disease Control and Prevention (CDC) when the World Trade Center event occurred.
- **Johns Hopkins Center for Civilian Biodefense:** <http://www.hopkins-biodefense.org/faq.html>  
This Center has written the Consensus Guidelines on the medical and public health management of the primary bioterrorist agents, including smallpox, anthrax, plague, and tularemia. These have all been published in the JAMA, and more will be forthcoming. Archived copies can be obtained on the **American Medical Association's website:** <http://www.jama.ama-assn.org>
- **US Army Medical Research Institute of Infectious Diseases:** <http://www.usamriid.army.mil/education/bluebook.html>  
This site is the latest edition of the Army's manual on biological weapons.
- **Emerging Infectious Diseases:** <http://cdc.gov/ncidod/EID/index.htm>  
This is the link to the Emerging Infectious Disease journal. There is a direct link from this home page to various bioterrorism articles published by the journal.
- **New England Journal of Medicine:** <http://content.nejm.org>  
This is a link to the entire New England Journal of Medicine journal including past and present articles.
- **Center for Infectious Disease and Research and Policy:** <http://www1.umn.edu/cidrap>  
General information on medical and public health management of bioterrorist agents.