

Bioterrorism Information

What is the real threat of bioterrorism?

Many experts believe the actual probability of bioterrorism is quite low. There are big technical challenges involved in “weaponizing” a disease causing agent, or developing an effective delivery system. Despite the low probability of bioterrorism, it is still very important to be prepared because of the potentially serious consequences.

What biological agents are likely to be used?

Although a number of diseases could be used in bioterrorism, those mentioned most include anthrax, smallpox, botulism and plague. Each has different symptoms, different treatments and different outcomes.

How is the state prepared for bioterrorism?

The Minnesota Department of Health has been working together for years with other agencies to develop a strong system for responding to a wide range of potential disasters, including bioterrorism. Our response to regular events such as flooding, tornadoes and disease outbreaks are examples of our readiness to respond effectively to public health threats. The department operates one of the most sophisticated systems in the country for detecting unusual disease patterns. If a health threat shows up on our public health “radar screen,” the department’s scientists begin investigating the threat and conducting lab tests to determine its origin. Once enough information is known, the department issues a health alert to local public health agencies located in every county of the state. Those local agencies, in turn, notify health care providers, hospitals, clinics and others in their communities. The department’s alert explains the nature of the public health threat and how the state’s public health system will respond to it. That response may come in various forms, depending on the nature of the problem. The response would include:

- Issuing guidelines to health care professionals so they know how to treat patients showing specific symptoms.
- Recommending ways to prevent the further spread of a disease
- Communicating directly with the public about things they can personally do to prevent problems from occurring.
- Working with health care providers to make antibiotics available to people who need them.
- Mobilizing local health officials to immunize large groups of people, similar to what was done in response to the meningitis outbreak in Mankato several years ago.

If a health threat appears to be serious and widespread, the Minnesota Department of Health will also work closely with the national Centers for Disease Control and Prevention, the Department of Public Safety’s Division of Emergency Management, Emergency Medical Service providers, and clinics and hospitals across the state to help implement a comprehensive response.

What can I do for myself?

The most important things you can do are:

1. Remain calm.
2. Contact law enforcement officials if you see any suspicious activity.
3. Contact your physician if you have questions about your health.
4. Take care of yourself and maintain a healthy immune system.
 - a. Don’t smoke.
 - b. Get rest, exercise and eat right.
 - c. Keep immunizations up to date.
 - d. Observe good hygiene and food safety.
5. Seek the services of a mental health professional if you are feeling extremely stressed or depressed.
6. Don’t take unnecessary precautions—such as seeking antibiotics and vaccines—that may do more harm than good.

Why not antibiotics and vaccines?

There are many good reasons why seeking antibiotics and vaccines is not practical, and may even do more harm than good. Here are answers to some of the questions you may have about vaccines, antibiotics and gas masks:

Can I get immunized against smallpox?

The last time smallpox naturally occurred in the world was in 1977, and it was officially declared eradicated in 1980. The U.S. stopped routine smallpox immunization in 1972, and then drug companies stopped making the vaccine. There are approximately 7 million doses of vaccine remaining in the U.S. Since we don’t know if terrorists have the virus or who they would target if they did, it is impossible to determine in advance who should receive the limited supply of vaccine. In the event of a smallpox outbreak, the limited supply would be used to control the spread of the disease. The federal government has contracted with a firm to develop a new vaccine to add to our current supply.

I was vaccinated for smallpox when I was a child. Can I still get smallpox?

It is unclear if persons who were vaccinated as children are still protected. It is likely that most are now susceptible for smallpox.

Can I get immunized against anthrax?

There is a vaccine for anthrax, but availability is limited to the military and those who might come in contact with naturally occurring anthrax in their work. Immunization for anthrax is not one shot, but a series of six shots over 18 months, as well as yearly boosters. Some people concerned about the potential threat of an anthrax attack have asked their physicians for anthrax vaccine. Physicians do not have this vaccine and cannot obtain it. Given the unknown nature of a threat to the general population, the Minnesota Department of Health does not recommend any specific vaccinations for bioterrorism, including for anthrax. Vaccine might be used to control the illness if an attack does occur.

I have heard that some people are getting antibiotics from their doctors to take in case of an anthrax attack. Does the Acton Department of Health recommend this?

No. This is a bad idea for a number of reasons. Inappropriate use of antibiotics could be harmful, especially for pregnant women and children. Anthrax in its early stages has symptoms similar to influenza. Self-administered use of antibiotics by persons fearing an anthrax release may cause more harm than good. Furthermore, the inappropriate use of antibiotics leads to antibiotic resistance of other

bacteria. In the event anthrax is released, the Minnesota Department of Health will determine who is at risk and who needs antibiotics, and will have systems in place to provide them.

Will a gas mask help? Most experts agree that a gas mask will do little or no good in the event of bioterrorism. From a practical point of view, it is unlikely terrorists would announce a bioterrorism attack in advance. That means individuals would have to wear gas masks continuously if they wanted to be prepared for the low probability of an attack. Even if a mask is worn during an attack, it may not provide the protection needed for the specific chemical or biological agent used in the attack. More information about bioterrorism can be found on the Minnesota Department of Health Web site, at www.health.state.mn.us

Handling of Suspicious Mail

Acute Disease Investigation and Control
717 Delaware St. SE
Minneapolis, MN 55440
(612) 676-5414
www.health.state.mn.us

In light of recent events, many people have concerns about their mail, or about suspicious substances that they may encounter in the home, the workplace or elsewhere. MDH offers the following guidelines for handling mail and suspicious substances.

Recognizing Suspicious Mail

Based on experience, postal inspectors have identified the following as warning signs:

- o Excessive postage.
- o No return address; unusual return address; mismatch between return address and city/state listed in postmark.
- o Markings indicating that item was mailed from a foreign country.
- o Handwritten or badly typed addresses, and misspellings of common words; incorrect title and/or no name for addressee.
- o Markings like 'personal', 'confidential' or 'do not x-ray' which serve to restrict screening of mail.
- o Threatening or otherwise unusual language on envelope/parcel or in contents.
- o Unusual appearance, possibly including excessive use of string, tape or other materials to secure envelope or parcel; lopsided or uneven envelope; protruding wires or foil; oily stains, discoloration or unusual odors.
- o Other unusual characteristics, including powdery substance on outside of envelope/parcel; powdery substance that can be felt when envelope/parcel is handled; excessive weight; ticking sounds.
- o Unexpected mail from someone unknown to you.
- o Mail whose source cannot be verified.

Handling of Suspicious Mail

o If possible, leave suspicious item unopened. Do not attempt to show it to anyone else. Do not shake it or sniff it.

Do not handle it more than necessary.

- o Place item in plastic bag and seal, using ziplock or tape. If possible, place first bag in second bag and seal. (Exception: If item was opened and suspicious substance is found inside, and some of this material is spilled, do not attempt to clean it up. Simply leave it in place and follow rest of directions.)
- o Once item is secured, leave it in place and leave area.
- o As a precaution, wash your hands with soap and water.
- o Call U.S. Postal Inspection Service at (651) 293-3200. They will assist in determining whether your situation involves a credible threat, and provide you with further instructions. If at work, notify appropriate staff, following procedures set up by your employer.

What is bioterrorism?

Bioterrorism is the use or threatened use of bacteria, viruses, or toxins as weapons.

How likely is a bioterrorism attack?

In the last 20 years, several small successful and unsuccessful attacks have occurred in the U.S. and elsewhere. Although hard to predict, many experts have called bioterrorism a "low probability, high consequence" risk. However likely bioterrorism is or isn't, the consequences of such an attack could be devastating, and thus, there is a need for preparedness.

What diseases can be used as biological weapons?

Although there are a number of diseases that could be used as weapons, those of most concern include anthrax, smallpox, botulism, and plague.

Can I get immunized against anthrax?

There is a vaccine for anthrax, but availability is limited to the military and those who might come in contact with natural anthrax in their work. It's not one shot but a series of six shots over 18 months with yearly boosters. Some people, concerned about the threat of an anthrax attack, have asked their physicians for anthrax vaccine. Although this is understandable, physicians do not have this vaccine and cannot obtain it. Given the unknown specific threat to the general population, we are not recommending any specific vaccinations for bioterrorism including anthrax. Vaccine might be used to control the illness if an attack does occur. Anthrax is not transmitted from person-to-person.

I have heard that some people are getting antibiotics from their doctors to take in case of an anthrax attack. Does the Minnesota Department of Health recommend this?

No, this is a bad idea for a number of reasons. Indiscriminate use of antibiotics could be harmful, particularly for pregnant women and children. Anthrax in its early stages has symptoms similar to influenza. Self-administered use of antibiotics by persons fearing an anthrax release may cause more harm than good. Furthermore, the inappropriate use of antibiotics may lead to antibiotic resistance of other bacteria. Although there are recommendations for specific antibiotics to use in case of an anthrax attack, these antibiotics are only to be used until tests have been done to determine which drugs are most effective against the strain of the disease in circulation. In the event anthrax were released, the Minnesota Department of Health will determine who is at risk and who needs antibiotics, and will have systems in place to provide them.

Can I get immunized against smallpox? The last naturally occurring case of smallpox in the world occurred in 1977. The U.S. stopped routine smallpox immunization in 1972 and consequently, drug companies discontinued production of the vaccine. There are approximately 7 million doses of vaccine remaining in the U.S. There is suspicion that rogue nations or groups have stolen the virus from the former Soviet Union. Since we don't know if terrorists have stolen the virus, or if they have, who they would target, we cannot determine who should receive this limited stock of vaccine. In the event of a smallpox outbreak, the vaccine stockpile will be used to control the spread of the disease. The federal government has a contractor developing a new vaccine for a larger stockpile.

I was vaccinated for smallpox when I was a child. Can I still get smallpox?

It is unclear if persons who were vaccinated as children are still protected. It is likely that most vaccinated persons are now susceptible to smallpox.

Isn't there anything we can do to protect ourselves from a bioterrorism attack?

Although there is little an individual can do, there is a great deal we can do as a country. The best protection against a bioterrorism attack is a strong and prepared public health system, health care providers who can recognize an illness caused by a bioterrorism agent, and planning between public health, emergency management and law enforcement. The Minnesota Department of Health and Minnesota's local public health agencies have been working for several years to prepare for a bioterrorism attack. The Division of Emergency Management has been an active partner in this planning. Some training of health care providers has taken place and more is planned. Training includes not only information about smallpox and anthrax but the other bioterrorism agents as well. Much work remains to be done, but Minnesota has a strong foundation to build upon.

We know this is an anxious time for all Minnesotans. We encourage you to check the Minnesota Department of Health Web site at <http://www.health.state.mn.us> for updates to this information about bioterrorism or contact your local public health agency.