

Michigan Department of Community Health
October 30, 2001
Replaces October 29, 2001 Recommendations

SPECIAL RECOMMENDATIONS FOR POSTAL WORKERS EXPERIENCING SIGNS OF ILLNESS:

Intensive surveillance activities and environmental and case investigations are in progress to identify and treat all U.S. Postal Service workers and others at potential risk for anthrax. Surveillance also is being conducted to monitor adverse events associated with antimicrobial prophylaxis for anthrax. CDC and FBI are collaborating to accelerate all aspects of the investigation surrounding these events.

Postal workers present as a special population with regard to anthrax exposure risk. Identification of cases of illness in postal workers previously believed to have had no exposure has led to the adoption of special recommendations for this employment class. At their core, these recommendations assume an increased risk based upon employment status, regardless of identified exposure source. Clinicians should maintain an increased index of suspicion for anthrax infection for all patients indicating a recent history of postal service employment.

Postal worker definition: For the purposes of these recommendations a postal worker is a person who is an employee of the US Postal Service or who is an employee of a bulk mailing handling facility which handles mail directly from the US Postal Service. Persons who handle other sources of mail, such as FedEx or UPS are not included in this definition.

Current Recommendation for Prophylaxis of Postal Employees:

A. Postal Workers who work in facilities in which anthrax spores have been identified or receive mail directly from the Brentwood Road facility

At this time the Centers for Disease Control and Prevention (CDC) recommends that all people who have been in the non-public, mail operations area at the U.S. Postal Service's Washington DC Processing and Distribution Center at 900 Brentwood Road, NE, Washington DC (US Postal Brentwood Facility) since October 11, 2001, receive prophylactic treatment for potential exposure to anthrax. This facility has been closed. As an added precaution, people who have worked since October 11, 2001, in the non-public, mail operations area at postal facilities that directly receive mail from the Brentwood facility should also receive prophylactic treatment. There are no reported or documented cases of anthrax or contamination in these additional facilities, and CDC recommends they remain open. The U.S. Postal Service, in conjunction with the Health Departments of the District of Columbia, Maryland, and Virginia, and CDC, is identifying and contacting these facilities.

Visitors at the Brentwood facility who should receive prophylactic treatment are defined as vendors, contractors, and persons who handle mail in the mailroom bulk mail acceptance unit. **It is not necessary for customers who entered any U.S. Postal**

facility to purchase stamps or conduct other postal business to receive prophylactic treatment.

Only the persons described above who are currently located in the metropolitan DC area or surrounding areas of Maryland and Virginia should seek these services. Those located outside the metropolitan DC area should seek these services from their state or local health department or private physician.

CDC's investigation is ongoing. Future modifications to these recommendations may occur on the basis of new epidemiologic and laboratory information. Updates to the recommendations can be found at www.bt.cdc.gov.

At this time, no facilities in Michigan have been identified as locations which receive mail directly from the Brentwood Road location.

B. Postal Workers who work in other facilities

There is no recommendation at this time for prophylaxis of any postal worker in the state of Michigan who is not experiencing any symptoms.

Postal Workers Presenting to Medical Care Facility:

Postal workers who are not experiencing symptoms consistent with inhalational or cutaneous anthrax do not need to receive prophylaxis.

Cutaneous Presentation

Postal employees who present with a vesicular lesion or a cutaneous black eschar should first undergo a thorough medical evaluation to rule out other possible causes for the lesion. If a physician is not able to rule out Anthrax infection they should take the following steps.

1. Swab the lesion, attempting to swab under the edges of the lesion if it has ruptured or by swabbing some of the vesicle fluid of a previously unruptured lesion.
2. A specimen should be collected by inserting one or two swabs under the edge of the eschar and collecting some of the exudate. If the swabs cannot be inserted, the edge of the eschar can be lifted with sterile forceps to collect the sample. The eschar should not be removed. Removal will only predispose the patient to secondary infection.
3. If a specimen cannot be obtained, a consultation with an Infectious Disease Specialist should be sought.

4. Perform a stat Gram stain to examine for gram positive rods and an India Ink stain for the presence of capsular material consistent with *B. anthracis* and also culture the lesion.
5. Collect a specimen for blood culture analysis.
6. Start the individual on a 5 day course of doxycycline pending culture results.
7. Hospitalization and an infectious disease consultation may be necessary depending upon the severity of clinical presentation
8. If the patient is not hospitalized, ensure that patients are told where to call should their symptoms become more severe or they are in need of additional follow up. Document contact information for the patient so that test results and subsequent antibiotic recommendations can be communicated with the patient.
9. Notify your local health department and the Michigan Department of Community Health (Business Hours: (517) 335-8165 After-Hours: (517) 335-9030) with patient information.
10. A patient whose culture results are negative for anthrax should be advised to discontinue antibiotics for anthrax treatment.
11. A culture result which is positive for anthrax should be reported immediately to the local health department

* Laboratory specimens should then be sent through each individual facility's normal laboratory specimen process.

Laboratories with biosafety level 2 (BSL 2) facilities and a biosafety cabinet can perform testing. For specific guidelines and training to perform cultures contact the Michigan Department of Community Health Laboratory at (517)335-8063.

Inhalational and Other Systemic Presentation:

Based on their employment class as postal workers, medical authorities should assume an increased risk based upon employment status, regardless of identified exposure source.

Initial symptoms of inhalational anthrax are mild and non-specific. If a postal worker presents with a fever of 101°F or greater, cough, chest pain; acute symptoms of respiratory distress, x-ray evidence of mediastinal widening or pulmonary infiltrates, then follow the procedures indicated below.

1. Collect a specimen for blood culture analysis.

2. Perform a chest X-ray for evidence of pulmonary infiltrates or a widened mediastinum.
3. Hospitalization and an infectious disease consultation may be necessary depending upon the severity of clinical presentation. Individuals with mild non-specific flu-like symptoms may be treated on an outpatient basis.
4. Start the individual on a 5-day course of appropriate antibiotic treatment (i.e. iv ciprofloxacin for hospitalized patients, po doxycycline for out-patients) pending laboratory results.
5. If the patient is not hospitalized, ensure that patients are told where to call should their symptoms become more severe or they are in need of additional follow up.
6. Document contact information for the patient so that test results and subsequent antibiotic recommendations can be communicated with the patient.
7. Notify your local health department and the Michigan Department of Community Health (Business Hours: (517) 335-8165, After-Hours: (517) 335-9030) with patient information.
8. A patient whose culture results are negative for anthrax should be advised to discontinue antibiotics for anthrax treatment.
9. A culture result which is positive for anthrax should be reported immediately to the local health department

* Laboratory specimens should then be sent through each individual facility's normal laboratory specimen process.

Laboratories with biosafety level 2 (BSL 2) facilities and a biosafety cabinet can perform testing. For specific guidelines and training to perform cultures contact the Michigan Department of Community Health Laboratory at (517)335-8063.

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