## Bioterrorism-Related Anthrax Surveillance, Connecticut, September-December, 2001

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On November 19, 2001, a case of inhalational anthrax was identified in a 94-year-old Connecticut woman, who later died. We conducted intensive surveillance for additional anthrax cases, which included collecting data from hospitals, emergency departments, private practitioners, death certificates, postal facilities, veterinarians, and the state medical examiner. No additional cases of anthrax were identified. The absence of additional anthrax cases argued against an intentional environmental release of Bacillus anthracis in Connecticut and suggested that, if the source of anthrax had been cross-contaminated mail, the risk for anthrax in this setting was very low. This surveillance system provides a model that can be adapted for use in similar emergency settings.

In response to the World Trade Center attack on September 11, 2001, the Connecticut Department of Public Health, assisted by all Connecticut bospitals, implemented a syndromic surveillance system that monitored admissions to acute-care hospitals and visits to emergency departments to detect any concurrent bioterrorism event. All hospitals and emergency departments were asked to report six categories of admissions: respiratory conditions of any type, pneumonia, meningitis or encephalitis, paralysis or paresis of nontraumatic origin, clusters of unusual illness, and total admissions on a daily basis.

After the first confirmed inhalational anthrax case on October 4 (1), the surveillance system was modified to detect the early phase of any disease outbreak that might occur as a result of mass exposure to biological agents—bacteria, viruses, or toxins—used for terrorism. Seven additional hospital admission categories were included in the surveillance system: hemophysis, acute respiratory distress syndrome or respiratory failure of uncertain origin, sepsis or nontraumatic shock, fever and rash, fever of unknown origin, gastrointestinal symptoms (vomiting, diarrhea, and dehydration), and skin infections.

On November 20, 2001, the 11th known case of bioterrorism-related inhalational anthrax since October 4 was identified in a 94-year-old resident of Oxford, Connecticut, a rural community of <10,000 persons. Unlike most recent patients with bioterrorism-associated anthrax, this patient was not a media or postal worker (1-4). A team of public health investigators from the Centers of Disease Control and Prevention was invited by the state of Connecticut to work in collaboration with state and local health officials to conduct an epidemiologic investigation.

After the death of the index patient on November 21, ongoing statewide surveillance for bioterrorism-related discase was expanded to meet two objectives: 1) conduct retrospective surveillance to identify any previously undetected cases of anthrax since September 1, 2001, that might provide clues to the source of exposure and to assess the possibility of intentional environmental release of Bacillus anthracis and 2) conduct prospective surveillance to detect early cases of anthrax that might occur and ensure rapid detection and treatment. The surveillance activities that occurred during this epidemiologic investigation are described.

#### Methods

#### Surveillance Activities

Because the first identified case of bioterrorism-related human anthrax in the United States (1) had a presumed source of exposure in mid-September 2001, retrospective surveillance focused on the period from September 1 to November 30, 2001. Methods included reviewing death certificates, laboratory data, medical examiner's records, and postal worker

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Greg Armstrong, Nancy Barrett, Kenneth Bell, Mike Bowen, Dawe Brownell, Joe Burkhart, Greg Burr, Nicole Coffin, Richard Collins, Larry Cash, Scott Detichman, Timothy Dignam, Rick Ehrenberg, Julie Gerberding, Kevin Griffith, Mike Grout, Jennifer Hamborsky, Alex Hoffmaster, Kartherine Kelley, Max Kerfer, Bradley King, Lestlye LaClaire, Niel-Lustig, Jennifer McClellan, Paul Mead, Patricia Mshart, Bruce Newton, Stephanie Noviello, Otilio Oyenvides, John Painter, Christopher Paddock, Joe Perz, Connad Guinn, Ron Sanders, Karen Spaego, David Sylvain, Kathi Tatti, Eyessu Teshale, Rob Weyant, Jennifer Williams, Scott Weight, Heather Wurtzel, Ronaid Zabrocki, and Sherif Zaki.

# **Bioterrorism Related Anthrax Special Issue Of**

Daniel Zeng, Hsinchun Chen, Carlos Castillo-Chavez, William B. Lober, Mark Thurmond

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