

**DHSSPS Interim guidelines for dealing with packages
Suspected of containing anthrax
(Adapted from PHLS interim guidelines – 19/10/01)**

Current assessment of the threat of bioterrorism in NI remains LOW. However, anxiety is being generated about what action should be taken following the receipt of a suspicious package, and this guidance provides a proportionate response to this situation.

This document does **not** cover action to be taken in the event of a deliberate release of anthrax – details of the diagnosis and clinical, laboratory and public health management of this situation can be found in the [Interim PHLS Guidelines For Action In The Event Of A Deliberate Release Of Anthrax](http://www.phls.org.uk). (www.phls.org.uk)

1. Risk Assessment

Risk Assessment by the local police and fire service is the key to managing these incidents. A proper description of the package and what has happened to it is ESSENTIAL. This is the basis on which all subsequent action is determined. Common sense has to be applied.

Suspicious features include (see Aide Memoire for First Responders to a Chemical/Biological Alert):

- Packages of letters containing powder.
- Mis-spelt addresses.
- Packages which are leaking (or have been found to contain powder on opening).

If a package is opened revealing suspicious contents (powder etc), those in the room when the package was opened should stay in the room with it¹, close the door, switch off the air conditioning or heating if possible, and summon police assistance. Anthrax in a package DOES NOT pose an immediate risk to those handling it. Therefore, time is available to assess the situation. Those involved in raising the alarm should be reassured from the outset that their lives are not at risk.

Risk assessment is carried out by the police and fire service, on the basis of the story from the recipient of the package and their own observation. It will enable the package to be put into one of three categories, and these will determine future action. Ambulance Control will alert the duty public health doctor who should be kept informed of the risk assessment and progress.

¹ Remember that in potential **chemical** incidents there may be a requirement to leave the room as quickly as possible, but in the current situation where biological agents, especially anthrax, remain the most likely threat, staying in the room is an essential element of biological containment.

The three categories are:

- **Rational explanation with no attendant risk indicators.** In many cases, initial assessment of the letter or package will provide reassurance that it is a false alarm, or it may obviously be a hoax. No further action should be taken.
- **Low risk.** Most suspicious packages fall into the low risk category. This is where it is felt unlikely that a particular package contains anthrax, but where local assessment does not allow the possibility to be completely ruled out. The vast majority of current incidents in the UK fall into this category.
- **High risk.** These are packages felt by the police to have features which warrant deployment of the full panoply of specialist support.

2. Public health management of each risk assessment

- **Rational explanation with no attendant biochemical hazard risk indicators**

The police will advise that the package (whether opened or not) can be handled as normal mail, be discarded, or retained for criminal investigation. No clinical, laboratory or public health action should be taken.

- **Low risk**

Once the police and fire service have done their assessment, the package (whether opened or not) and any material from it, will be taken by the police and, if appropriate, sent for testing at the Belfast City Hospital (BCH) Microbiology laboratory. Having been alerted by the Ambulance Control, the local CCDC/duty public health doctor should liaise with the on site emergency services and determine if any public health action is required. For all low risk incidents the CCDC/duty public health doctor should collect details of those exposed – names, addresses, telephone numbers, and GP details (name and telephone number) – in case future public health action is needed. The Fire Service will give advice on bathing, showering and change of clothes. Any visible contamination should be washed off with soap and water. Reassurance should be given that the risks are low and exposed persons do not need to go to an A and E Unit. No antibiotic should be given, and no nasal swab taken. Environmental decontamination of the area where spillage occurred may be carried out with household detergent and water. The BCH Laboratory will inform the Police Co-ordination Team and the local CCDC/duty public health doctor of the results and will also email them to the DHSSPS Incident Room. On receipt of a negative result, the CCDC/duty public health doctor should inform exposed persons (domestic premises) and the police should inform employers. If the result is other than negative, follow-up care should be organised through the individual's GP.

- **High risk**

Once the police and fire service have done their assessment, the package (whether opened or not) and any material from it, will be taken by the police or other agencies and sent to a specialist laboratory. Having been alerted by

the Ambulance Control, the local CCDC/duty public health doctor should liaise with the on site emergency services and seek advice from appropriate national authorities. The current advice follows but may need to be amended in the light of experience.

- The Fire Service is responsible for decontamination. Those exposed should be decontaminated, with clothing removed and bagged, and held until the results from the sample are available.
- The CCDC/duty public health doctor should collect details of those exposed – names, addresses, telephone numbers, and GP details (name and telephone number).
- Nasal swabs should only be taken when specifically requested by the CCDC/duty public health doctor for epidemiological purposes (in liaison with the specialist laboratory).
- Those exposed should be given ciprofloxacin, 500mg twice daily – initially for 3 days by which time the results of the environmental testing should be available. If ciprofloxacin is contraindicated, the alternative is doxycycline; 100mg twice daily. **Antibiotics should be provided at the scene, or the aftercare location – preferably by the CCDC/duty public health doctor.**
- Reassurance should be given that they have been given the full treatment and pose no risk to their family and friends. They should be told that they will be contacted as soon as the results become available (most likely within 48 hours). **They should then go home.**
- The CCDC/duty public health doctor should arrange aftercare (e.g. by Social Services) - people may be anxious and have handed in clothing and other personal belongings e.g. wallets.
- The room or exposed area should remain closed until negative results from the sample are received. Heating or air conditioning should remain off.

If the results are negative, the exposed individuals should be informed of the result (preferably by phone) by the CCDC/duty public health doctor or via the GP.

If the results confirm anthrax was present in the sample:

- the exposed individuals should be informed of the result (by phone or in person) by the CCDC/duty public health doctor. Their GP should be contacted to arrange 60 days treatment.
- Since the individual is on treatment no nasal swabs are necessary as they do not affect their management. However, nasal swabs may be requested for epidemiological purposes.
- The room or exposed area should remain sealed off because this is now officially a crime scene and the police will need to investigate. Only then, can the room be decontaminated. Ensure that heating or air conditioning stay off.
- Clothing will need decontamination or disposal by autoclaving or incineration.

Advice on environmental decontamination should be sought from national authorities.

