

Mass Dispensing and Vaccination Plan

May 6, 2015

Annex I Public Health-Dayton and Montgomery County Strategic National Stockpile Operational Plan



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Foreword

Public Health - Dayton & Montgomery County (PHDMC) is developing a strong public health infrastructure to prepare for and respond to bioterrorism incidents, outbreaks of infectious diseases, and other public health threats and emergencies. An integral component of this infrastructure enhancement is developing the capacity to rapidly identify a disease outbreak, and to subsequently initiate prompt prevention and control activities. Depending on the nature of the incident, public health prevention and control measures may require implementation of a mass prophylaxis program for vaccine administration and/or antibiotic dispensing.

To accomplish this task, PHDMC will need to coordinate the opening and operation of multiple population-based Points of Dispensing (POD) throughout the county. POD opening will be dependent on a variety of factors, including the scope of the public health emergency, the ability of local law enforcement to provide security and traffic control, and the availability of an adequate number of volunteers to fill essential POD positions.

The *Public Health Mass Dispensing and Vaccination Plan* are consistent with the latest guidance from the Centers for Disease Control and Prevention and the Ohio Department of Health.

RECORD OF CHANGES

This plan is reviewed and updated after exercises and assessments identify improvements needed.		
Section	Date	NAME OF POSTER
<u>NEW</u> : Added attachments A through C. Attachment A Vaccine Antibiotics fact sheets, attachment B is Agent fact sheets, and attachment C is the NAPH form. <u>MODIFIED</u> : All job actions sheets were removed From the actual plan and placed in the POD binders for each POD.	June 21, 2010	L Cleek
<u>NEW</u> : Completely reformatted to follow the CDC SNS Local Assistance Review tool. All sections of the LTAR 10.1 through 10.13 a	Mar-Apr 2011	L Cleek
<u>MODIFIED</u> : 10.1 updating information regarding head of household and functional needs. Also updated 1A information with the most current census data for the county.	May 14, 2012	L Cleek
<u>MODIFIED</u> : 10.13 was updated with the most current employee numbers.	May 17, 2013	L Cleek
Plan reviewed with no changes.	May 6, 2014	L Cleek

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I. Introduction

A. Purpose

The purpose of the *Public Health Mass Dispensing and Vaccination Plan* is to detail the PHDMC's preparedness activities and response actions associated with an incident that requires mass prophylaxis of the Montgomery County population. Montgomery County has a 2010 U.S. Census Bureau population of 535,154. This plan is intended to allow the PHDMC to respond to a worst-case scenario requiring county-wide prophylaxis within 48 hours, as outlined in the Division of Strategic National Stockpile Local Technical Assistance Review (LTAR) October 2011. The plan also reflects the current guidance from the Centers for Disease Control and Prevention's *Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness, Version 10.02*.

B. Scope

This Public Health Mass Dispensing and Vaccination Plan is Annex I to the Strategic National Stockpile Plan for Montgomery County.

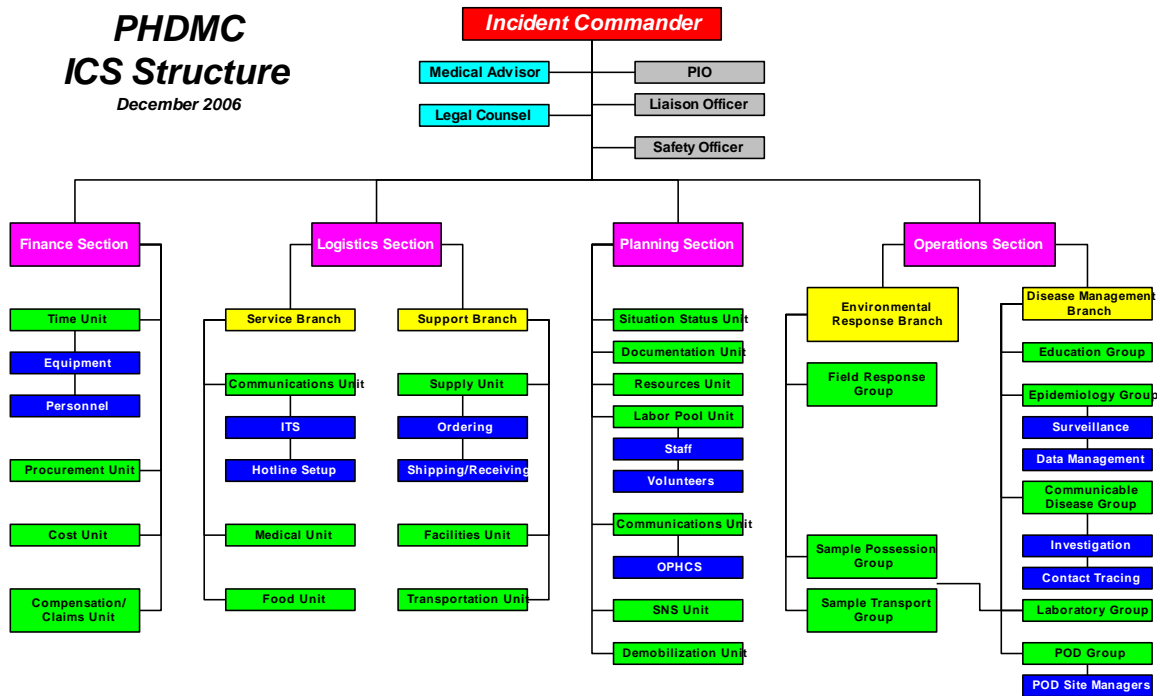
II. Concept of Operations

The PHDMC is charged with the protection of public health and welfare, and has the authority to implement measures to prevent, suppress, and control infectious diseases within Montgomery County. The PHDMC will be the lead agency in coordinating local mass prophylaxis preparedness activities and response actions with regional, state, and federal partners as outlined in this document, the PHDMC *Public Health Emergency Preparedness Plan for Montgomery County*, and Emergency Support Function #8 of the Montgomery County Emergency Operations Plan.

A. Command and Coordination

The PHDMC and all community response partners will operate under an Incident Command System (ICS) structure during an incident requiring mass prophylaxis. The PHDMC Health Commissioner will assume the role of lead command official pertaining to public health issues, and will activate the Public Health Department Operations Center to coordinate county-wide public health response actions. The PHDMC has established an internal ICS structure for both normal business operations and for public health emergencies (Figure 1). All local health departments in the West Central Region have adopted this ICS structure.

Figure 1. PHDMC ICS Structure



Operational Issues (10.1)

Head of Household

To expedite the dispensing of prophylaxis to the population it is highly recommended that the use of head of household be enacted. Ohio allows the head of household to obtain medication regimens for up to ten (10) persons in a household without all of these individuals being present. The “head of household” is an adult (18 years of age or older) member of a household or family who has been designated as the “head of household” for purposes of obtaining prophylactic medication for the group. The head of household must be capable of reporting to the POD with the necessary information for proper dispensing of prophylaxis. The head of household should present at the dispensing site a list of the individuals for whom he/she is receiving medication. This list should include the following information regarding the household members:

- name (first name, middle initial, last name)
- date of birth
- body weight of all household members

Additional screening information needed include:

Adult

- Weight (99 pounds and under)
- Current medications
- Medical condition (heart, blood pressure, diabetes, etc)
- Pregnant or breastfeeding

- Allergies
- Children (less than 12 years of age or 99 pounds)
- Weight
 - Current medications
 - Medical conditions
 - Allergies

Informational Countermeasure Sheet

Individuals receiving medications for family members and themselves will be provided clear information about the medications dispensed. Staff at the POD will provide information sheets on the specific medical countermeasures dispensed to take home. This information will include clear directions on doses, allergic reactions, side effects, or other adverse reactions. This information will be available in different languages. Examples of informational sheets are located on page 16 and 17 of this plan.

Unaccompanied Minor

Unaccompanied minors may present at the POD out of fear, seeking medication, or looking for family members. Some unaccompanied minors may show up at PODs due to the fact that in a public health emergency the parents may be ill, dead or otherwise unavailable. In the event that an unaccompanied minor presents for vaccination or prophylaxis medication, the POD Manager or designee will assess each situation individually. Standard nursing procedures will be followed (e.g., a minor may receive prophylaxis with an authorization letter from a parent; a minor may receive prophylaxis if phone contact results in authorization from a parent, prophylaxis may be provided in an emergency situation where parents are not reachable and the benefits outweigh the risks).

Symptomatic Individuals

A triage area will be set up directly at the entrance to the POD and will serve to immediately screen symptomatic, sick or known exposed patients before entering the Registration Station. Those patients exhibiting symptoms and patients, who are known to be exposed but are asymptomatic, are further screened and will be transported to a hospital. Transportation of patient(s) will be provided and based on need. Buses, ambulances, or other forms of transportation may be necessary.

Shift Hours and Shift Change Procedures

In the event that the entire population of the county requires prophylaxis the operational period will be 24 hours. PHDMC staff will work 12-hour shifts from 8AM to 8PM and 8PM to 8AM. The POD Manager is responsible for requesting sufficient staffing through the Planning Chief and Labor Pool Unit to allow for coverage during shift changes and breaks. This task will be included in the JAS for the POD Manager.

Hotline/Call-bank Procedures

Incident command will determine if a hotline service is needed. The magnitude of the emergency will determine the need for service on a 24/7 basis or if the service can be provided for fewer hours. The shifts are determined also by the magnitude of the event. The hotline will either be established in the MCOEM rumor control or PHDMC's

training room. If the hot line is established, staffing will be determined and press releases conducted to inform the public of the number to call for information.

Handling of Functional Needs

Medically Disabled: A functional needs station is set up as part of the POD operation to assist persons with physical disabilities. Wheelchairs are provided and personal assistance provided as needs is identified in triage. A designated area for individuals in wheelchairs or medical conditions that do not allow prolong standing will be established next to the screening area.

Language Barriers: For those with language barriers interpreters or telephone interpreters will be provided. Sign language will be available for hearing impaired, reading for illiterates and visually impaired will also be provided.

Mechanisms to Monitor Adverse Events

Any adverse vaccinations will be entered into the Vaccine Adverse Event Reporting System (VAERS). The following is how reactions are handled onsite and after the patron has left the POD location:

1. At the POD location the reaction will be entered into VAERS by PHDMC immunization staff.
2. All patrons before leaving the POD will be provided a vaccine information sheet that covers common questions and concerns, to include what to do if there is a reaction.
3. If there is a severe allergic reaction or other emergency that can't wait it explains to call 9-1-1 or get the person to the nearest hospital. Otherwise, they could call their doctor.
4. Furthermore, the individual can contact PHDMC immunization staff directly or enter the report themselves at <http://vaers.hhs.gov/> or by calling 1-800-822-7967.

Rapid Dispensing Strategies (10.2)

The rapid dispensing method is the process of designing a POD site with express lanes for persons without contraindications and lanes for those persons who will take a little extra time during the dispensing process. Each POD binder will have a flow diagram for that specific POD site. **These are guidelines and should be adjusted as necessary to increase patient flow at each site.**

- Depending on the POD location, dispensing stations (DS) will range from 20 to 50 DS's. When head-of-household pick-up has been enacted ninety percent of DS's will be considered express lanes. Meaning individuals without contraindications or functional needs would report to express lanes.
- During non head-of-household incidents express lanes could range from 2-5 lines.
- Depending on the POD location, DS's for individuals with contraindications could range from 1 to 3 lines.
- Depending on the POD location, DS's for individuals with functional needs could range from 1-3 lines.

Head-of-Household Pick-Up POD	Non-Head-of-Household POD
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90% of DS's would be express lanes	80% of DS's would be for general population
5% of DS's would be contraindication lanes	10% of DS's would be for express lanes
5% of DS's would be functional needs lanes	5% of DS's would be contraindication lanes
	5% of DS's would be functional needs lanes

Again, these are strictly starting points for each POD and should be adjusted if necessary to increase throughput of patrons.

Alternate Dispensing Modalities (10.3)

The alternate dispensing method is the process of designing non-traditional POD sites such as drive-thru PODs, closed PODs, and bulk dispensing sites.

- Closed PODs: PHDMC has identified designated closed PODs to limit the flow of individuals reporting to these locations. POD Binders for closed PODs with Pod contact information are located in the Emergency Preparedness Office. On a large incident where the entire county is affected an initial one time delivery of SNS will go directly to hospitals. Any resupply will come directly from the county drop-site. Review of closed POD plans should be accomplished annually.
- Drive-through PODs: This particular alternate dispensing modality has proven in the past to be extremely slower than having an actual walk-through POD. The throughput was dramatically slower in full-scale exercises that we participated in and evaluated. Thus at this time we have no intention of setting up a drive-thru in light of an actual walk-thru POD.
- Bulk Dispensing Site: Currently we are in the development process of establishing a contact list with all nursing homes in the county. A designated individual at each location will collect forms for all the residents and take them to the county drop site for pick-up of prophylaxis.

Increase Client Throughput (10.4)

To increase the efficiency of PODs, PHDMC will take the following actions:

- Prepare multi-language signs, handouts, posters, and videotapes that:
 - direct the movement of people,
 - keep them moving,
 - keep them occupied,
 - let them know what is happening, and
 - tell them what they need to know about the drugs they will receive.
- Not everyone will listen, watch, or read the information provided, but those who do will probably require less attention, making the process more efficient.
- Minimize the use of PHDMC staff. Direct the movement of people with methods such as multi-language signage noted above and portable crowd control barriers such as those used by banks in teller lines.
- Simplify health information forms. Make the forms threat specific to reduce the time for the public to understand and complete them.

- Reduce the number of stops to get medication. If a person diverts from the line for some reason—for example, check for symptoms, weigh children, or process regimen requests for family members who are not present—make sure they rejoin it at an appropriate point and do not have to start at the beginning. If possible, issue their regimens at the end of the line to which they diverted.

Priority Prophylaxis (10.5)

Prior to conducting mass clinics, the Incident Commander may decide to hold priority prophylaxis clinic(s) for essential personnel directly involved in SNS distribution efforts and their immediate family members. Immediate family members are defined as those individuals living under the same roof as essential personnel. The purpose of first responder clinics is to enable employees to continue providing protection to the community without worrying about the state of their own families. Locations for a first responder clinic(s) may be determined based on the emergency. More than likely first responder clinics will be held at POD locations before they are opened to the general public. A cache of select materials is currently in place for first responders and family members. The cache is sufficient to provide a 1-2 day regimen for all first responders and family members if necessary.

Homebound and other at-risk Populations (10.6)

Montgomery County just like every community has groups of people who will not be able to use dispensing sites:

- Inmates of corrections system- PHDMC is currently working on a contact list to be able to have select individual's pick-up prophylaxis for their prison population. Prophylaxis will be picked up from the county drop-site. The correctional facility should plan to administer medications to the inmates.
- Patients in nursing homes and other long-term care institutions- PHDMC has a primary and back-up contact for all the long-term care facilities in Montgomery County. At the time of an SNS delivery, those agencies will be contacted and act as closed PODs for their agency.
- The homeless population- The agencies that work with the homeless population on a daily basis will be the best resource for providing prophylaxis to this population. It is recommended that the health department work with these agencies to develop a plan for providing medications to this population.
- PHDMC is currently meeting with county home health care agencies to meet the needs of those who are cared for at home. Area Agency on Aging and Hospice of Dayton are assisting with this process.

Site Specific Plans (10.7)

There are site specific plans for each of the five primary and backup identified PODs. Pertinent information for each POD is located in the POD binder. POD binders are

maintained in the Emergency Preparedness office. Each binder includes the following information:

- MOU for use of the facility
- Facility manager with contact information and procedures for assessing the site
- Address and telephone numbers at the facility
- Inventory of available office equipment on site
- Inventory of available material handling equipment on site
- Written floor plans/clinic flow charts
- Specific delivery location identified with plans to ensure 24/7 unblocked access by delivery trucks
- Crowd control, traffic management, and security plans
- Parking plans

Items Available at Every POD Site (10.8)

A list of all available equipment for each POD is located in the POD binder for each primary and back-up site. The following list of items will be available at each active POD:

- Office Equipment – Each POD has sufficient tables and chairs to meet the demand of POD activation. Lists of and number of office equipment available at each POD location is maintained in the POD binder for each primary and backup.
- Drug fact sheets – Fact sheets on the smallpox vaccine and on both ciprofloxacin and doxycycline are listed as attachment A in this plan. A copy of these fact sheets are also maintained in each POD binder.
- Agent fact sheets – Fact sheets for the following; Anthrax, Plague, Smallpox, and Tularemia are available as Attachment B in this plan. A copy of these fact sheets are also maintained in each POD binder.
- Dispensing/medical supplies – While some dispensing/medical supplies are maintained with the drop-site and PHDMC the vast majority of items will come with the SNS delivery.
- Name/Address/Patient History (NAPH) forms – A copy of the NAPH is located in the back of this plan as Attachment C. A copy is also maintained in the POD binder for each primary/backup POD.
- Office supplies – A small stockpile of office supplies are maintained at the county drop-site. This should be sufficient to meet all demands in a 48 hour period.
- Command and Control vests or other identifiers – Each PHDMC employee will wear their PHDMC shirt when working at the POD for easy identification of those individuals. Vests (neon green) are available to identify command and general staff at each POD location.
- Communication Equipment – PHDMC maintains six MARCS radios and additional 800mhz radios can be acquisitioned from MCOEM. MCOEM currently maintains a cache of greater than thirty of these radios.

- Signs (interior and exterior) – PHDMC currently maintains interior and exterior signs for PODs at the county drop-site. This includes directional signs as well informational signs. PHDMC is currently looking into the possibility of buying a poster printer to generate additional signs as the need would arise.
- Crowd and traffic control equipment – Crowd and traffic control is maintained at select POD locations, but amount varies at each location. Additional equipment will come from local law enforcement, MCOEM and public works.

Core Management Teams (10.9)

Core management team members consist of PHDMC’s Incident Management Team (IMT). Primary and back-up management team members are identified and currently loaded into Ohio Public Health Analysis Network (OPHAN) as well as each POD binder. OPHAN should be reviewed and updated on quarterly basis. The EPC has a reminder on his outlook calendar to review OPHAN at a set time quarterly. These individuals receive annual training on dispensing/POD sites. Training is generally scheduled to be conducted in the October/November timeframe each year. It is required that 100% of the POD management team receives this training each year.

Personnel Available to Staff PODs (10.10)

Staffing for PODs will be based on the number of DS’s at the location as well as if providing antibiotics or vaccinations. Since this plan focuses on the worst case scenario of providing antibiotics to the entire county in 48-hours we will use that example. PHDMC currently employs roughly 275 individuals. During a PH emergency a vast majority of these individuals will be pulled to assist with the incident. For antibiotic distribution PHDMC has identified needing a total of 228 workers for staffing of PODs for each 12-hour shift. It breaks down into 45 medical workers and 183 non-medical workers to staff 100% of POD(s) functions. The table (Table I) below provides a breakdown of how many individuals can be handled based on the number of dispensing station’s (DS) available at a POD site.

Table I

Hourly Breakdown	20 DS	30 DS	40 DS	50 DS	DS Needed
1-hour	1200	1800	2400	3000	
12-hour	14400	21600	28800	36000	
24-hour	28800	43200	57600	72000	119
30-hour	36000	54000	72000	90000	96
36-hour	43200	64800	86400	108000	80

Security Responsibilities

Local law enforcement and the county sheriff will provide internal and external security at each POD locations. Security plans for each POD location are located in the POD binder.

PHDMC along with the rest of WCO health departments has signed an MOU with the Academic Nursing Coalition for Disaster Preparedness (ANCDP). The ANCDP provides

student nurses and instructors to assist at PODs. There are close to 1100 student nurses available at any given time to assist with PODs throughout WCO. All eight counties in WCO also have active Medical Reserve Corp (MRC) that additional volunteers may be pulled to assist during POD activation.

Volunteer/Staff Database (10.11)

Currently all 270+ PHDMC employees are loaded into the automated call-down system the Communicator. This system is tested on a quarterly basis for all staff. A contact list for instructors for the Academic Nursing Coalition for Disaster Preparedness (ANCDP) is maintained in the Emergency Preparedness office. The ANCDP has anywhere from 1200-1500 students and instructors available to the region to support PODs. A database is also maintained for the county Medical Reserve Corps (MRC).

Job Action Sheets and Just-In-Time Training (10.12)

During an event, not all job positions may be necessary. ICS Positions will contract or expand depending on the nature of the event. The following positions have job action sheets:

Clinical Group Supervisor	Patient Educator Team Member
Communications Unit Leader	Patient Educator Unit Leader
Data Entry Specialist	Personnel/Volunteer Records Clerk
Demobilization Unit Leader	Personnel/Volunteer Unit Leader
Dispenser/Distribution Unit Leader	Pharmacy Consultant
Dispenser/Distributor Assistants	Pharmacy Services Group Supervisor
Documentation Unit Leader	Planning Section Chief
Emergency Transport Staff	POD site manager
Exit Monitor Team Member	Public Information
Exit Monitor Unit Leader	Records Unit Leader
Facility Staff Unit Leader	Registration Team Member
Facility Supply Leader	Resources Unit Leader
Finance/Administrative Section Chief	Safety Officer
First Aid Leader	Screeners
Greeter/Registrar Unit Leader	Security Group Supervisor
Greeters	Security Unit Team Member
Level I Screener Unit Leader	Situation Unit Leader
Level II Screener Unit Leader	Special Needs Group Supervisor
Liaison Officer	Supplies Records Clerk
	Supply Room Clerk
Logistics Section Chief	
Maintenance/Housekeeping Staff	Translators
Mental Health Specialist	Triage Unit Leader
Operations Section Chief	Triage Unit Team Member

Copies of all Job-Action-Sheets are maintained in each POD binder as well as electronically on flash-drives for POD deployment.

Staff/Volunteer Management (10.13)

Shifts will be no longer than 12 hours. Workers will not work more than 5 consecutive days without a minimum of 24 hours off. A copy of the HR policies can be found in the PHDMC HR office.

Snacks and bottled water will be made available to all staff and volunteers during POD operations. Meals will be brought to PODs when there are a large number of patrons requiring prophylaxis. A written agreement to address these services needs to be developed. Rotating staff will be available to ensure breaks are available to all staff as needed or at least every three hours.

Attachment A

Small Pox Vaccine Fact Sheet

What is the smallpox vaccine?

The smallpox vaccine is a live virus vaccine made from a virus called *vaccinia*, which is a “pox”-type virus related to smallpox. The vaccine helps the body develop immunity to smallpox. It does not contain the smallpox virus and cannot give you smallpox.

What is the length of protection?

Smallpox vaccination provides high level immunity for 3 to 5 years and decreasing immunity thereafter. If a person is vaccinated again later, immunity lasts even longer. Historically, the vaccine has been effective in preventing smallpox infection in 95 percent of those vaccinated.

Can vaccination after exposure prevent the disease?

Vaccination within 3 days after exposure will prevent or significantly lessen the severity of smallpox symptoms in most people. Vaccination 4 to 7 days after exposure likely offers some protection from disease or may lessen the severity of disease.

Who should NOT get the smallpox vaccine?

People with any of the following conditions **or people who live with someone with the following conditions** should not get the smallpox vaccine **unless exposed to the smallpox virus**. People should consult with their physician on their health status.

- Weakened immune systems (e.g., HIV, AIDS, leukemia, lymphoma, other cancers, cancer chemotherapy, radiation therapy, high-dose corticosteroid therapy, other immune disorders, some severe autoimmune disorders, and medications to treat autoimmune disorders)
- Any history of eczema, atopic dermatitis (skin disease characterized by itchy, inflamed skin) or Darier's disease
- Active skin conditions (e.g., burns, other wounds, impetigo, chickenpox, shingles, contact dermatitis, severe acne, herpes, psoriasis) (wait until these conditions have resolved)
- Women who are pregnant or planning to become pregnant within one month of vaccination In addition, people in the following categories should not receive the vaccine unless exposed to the smallpox virus:
 - People with heart disease or certain risk factors for heart disease (For more details, refer to www.bt.cdc.gov/agent/smallpox/vaccination/heartproblems.asp)
 - Women who are breastfeeding
 - Currently using steroid medications in eyes (wait until no longer using the medication)
 - Allergic to the vaccine or any of its ingredients or have had a serious reaction to the vaccine in the past
 - Moderate or severe illness (wait until recovered)
 - Are less than 18 years of age

People who have been directly exposed to the smallpox virus should get the vaccine, regardless of their health status

What are the possible side effects from the smallpox vaccine?

The live *vaccinia* virus that is contained in the vaccine may cause mild reactions, such as rash, fever and head and body aches. Complications can occur if the vaccine site comes in contact with other parts of your body or even other people. The risk is minimized by covering the vaccine site and carefully washing hands after contact with the site until healed (up to three weeks).

What are the chances of serious complications from the smallpox vaccine?

In the past, between 14 and 52 people per one million people vaccinated experienced potentially life-threatening reactions. Based on past experience, between 1 and 2 people per one million people vaccinated may die as a result of life-threatening reactions to the vaccine. People not recommended for vaccination may be at greater risk of severe complications.

How is the vaccine given?

The smallpox vaccine is not given with a normal hypodermic needle and is not a typical shot. The vaccine is given using a bifurcated (two-pronged) needle that is dipped into and holds a droplet of the vaccine. The needle is used to poke the skin several times. The poking is not deep, but will cause a sore spot that will form a blister and eventually leave a small scar.

Is the smallpox vaccine recommended?

The smallpox vaccine is currently not recommended for the general public. The vaccine is now being offered to those who may be called upon to respond in the event of a smallpox case or outbreak. Routine smallpox vaccinations in the U.S. stopped in 1972. The last natural case of smallpox occurred in Somalia in 1977. The variola virus that causes smallpox officially exists in two laboratories, in the U.S. and Russia, but there is concern that it may be possessed by others and could be used as a bioterrorism agent, which is why federal, state and local governments are taking precautions to prepare.

*For more information, visit www.cdc.gov/smallpox, or call the CDC public response hotline at 888-246-2675 (English), 888-246-2857 (Español), or 866-874-2646 (TTY).
December 1, 2003*

Patient Fact Sheet: Doxycycline

Doxycycline 100-mg Oral Tablet - Doxycycline Oral Suspension

Take this medicine as prescribed.

Doxycycline belongs to a class of drugs called tetracycline antibiotics. It is approved by the Food and Drug Administration (FDA) to treat and protect people who have been exposed to anthrax spores.

How to take doxycycline

ADULTS: Take 1 tablet every 12 hours as directed.

CHILDREN: A child's dose depends on body weight. Give the medicine to your child as directed by the doctor.

Take doxycycline with food and least one full glass of water. Avoid taking antacids (like Tums or Maalox), cholestyramine (Questran), colestipol (Colestid), dairy products (like milk or yogurt) or vitamins 3 hours before or after taking doxycycline.

If you miss a dose, start again taking 1 pill every 12 hours. Do not take 2 pills to make up for the missed dose. *Finish all your pills, even if you feel okay, unless your doctor tells you to stop. If you stop this medication too soon, you may become ill.*

Side effects

Common side effects of doxycycline include an upset stomach, vomiting, or diarrhea. If you have problems with any of these symptoms, tell your doctor. Less common side effects include dark urine, yellowing of the eyes or skin, sore throat, fever, unusual bleeding or bruising, fatigue, white patches in the mouth. If any of these symptoms occur, call your doctor right away.

Allergic reactions are rare.

Signs of an allergic reaction are rash, itching, swelling of the tongue, hands or feet, fever, and trouble breathing. If any of these symptoms occur, call you doctor right away.

SPECIAL NOTE FOR CHILDREN: *This medicine may cause staining of the teeth in children younger than 8 years old. This means that their teeth can become grayish in color and this color does not go away. This medicine can also cause bone growth delay in premature infants but this side effect goes away after the medicine is finished.*

SPECIAL NOTE FOR PREGNANT WOMEN: *There is little data about side effects from the use of this drug during pregnancy. If the mother of an unborn baby takes doxycycline, staining of baby teeth or poor bone development can result. There is a remote chance of severe liver disease in some pregnant women.*

Precautions

- Be sure to tell the doctor if you are allergic to any medicine.
- It is very important to tell the doctor the names of ALL medicines that you are currently taking even pills bought at the store such as vitamins and antacids.
- Doxycycline can make skin very sensitive to the sun which increases the chance of getting severe sunburn. Avoid the sun as much as possible. When outside, wear a long sleeve shirt and hat and always apply sunscreen (30 SPF).
- Birth control pills may not work as well when taking this medication. Be sure to use condoms or another form of birth control until you are finished the entire course of treatment. If you are pregnant or breastfeeding, tell your doctor.
- In women, doxycycline can cause vaginal itching and discharge commonly known as a yeast infection. Tell your doctor if this happens.
- Tell the doctor if you have ever had problems with your liver or kidneys, or if you have frequent heartburn.

Patient Fact Sheet: Ciprofloxacin

Ciprofloxacin 500-mg Oral Tablet - Ciprofloxacin Oral Suspension

Take this medicine as prescribed.

Ciprofloxacin, commonly known as cipro, belongs to a class of drugs called quinolone antibiotics. It has been approved by the Food and Drug Administration (FDA) to treat and protect people who have been exposed to anthrax spores.

How to take cipro

ADULTS: Take 1 tablet every 12 hours as directed.

CHILDREN: A child's dose depends on body weight. Give the medicine to your child as directed by the doctor.

It is best to take cipro 2 hours before or after a meal with at least one large glass of water. However, if an upset stomach occurs, cipro may be taken with food. Avoid dairy products such as milk and yogurt for at least 3 hours before and after taking the medicine. If you take vitamins or antacids such as Tums or Maalox, take them 6 hours before or 2 hours after taking cipro. If you miss a dose, start again taking one tablet every 12 hours. Do not take 2 pills to make up for the missed dose. *Finish all your pills, even if you feel okay, unless your doctor tells you to stop. If you stop taking this medicine too soon, you may become ill.*

Side effects

Common side effects of cipro include an upset stomach, vomiting, diarrhea, fatigue, dizziness or headache. If you have problems with any of these symptoms, tell your doctor. Less common side effects include pain in arms or legs, changes in vision, restlessness, ringing in the ears, or mental changes. If any of these symptoms occur, call your doctor right away.

Severe allergic reactions are very rare. Signs of an allergic reaction include rash, itching, swelling of the tongue, hands or feet, fever, or trouble breathing. If any of these symptoms occur, call your doctor right away.

SPECIAL NOTE FOR CHILDREN: *This medicine may cause joint problems in infants and children under 18 years of age. If your child has any joint pain while he/she is taking cipro, tell your doctor.*

Precautions

- Be sure to tell the doctor if you are allergic to any medicine
- It is very important to tell your doctor about **ALL** of the medicine you are currently taking even pills that were bought at the store such as vitamins and antacids.
- Tell the doctor if you have ever had a seizure, stroke, or problems with your kidneys, joints or tendons, liver, or vision. Report any history of unusual bleeding or bruising.
- If this drug makes you dizzy, use caution driving or doing tasks that require you to be alert. Avoid alcohol in this case as it will make the dizziness worse.
- Cipro can make skin very sensitive to the sun which increases the chance of getting severe sunburn. Avoid the sun as much as possible. When outside, wear a long sleeve shirt and hat and always apply sunscreen (30 SPF)
- In women, cipro can cause vaginal itching and discharge commonly known as a yeast infection. Tell your doctor if this happens.
- If you are pregnant or breastfeeding, tell your doctor.
- Safety of taking cipro during pregnancy is unknown. If you are pregnant or could become pregnant, tell your doctor. Also, if you are breastfeeding, tell your doctor.
- Cipro can increase the effects of caffeine and theophylline (a medicine).

For more information, visit www.bt.cdc.gov/agent/anthrax, or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

Attachment B: Agent Fact Sheet

Disease	Signs and Symptoms	Diagnostic Testing	Transmission/ Communicability	Incubation Period	Treatment	Postexposure Prophylaxis	Isolation/ Quarantine
<p>Tularemia (<i>Francisella tularensis</i>.) Disease appears depending upon the route of inoculation (typhoidal, ulceroglandular, glandular, oculoglandular, septic, oropharyngeal, and pneumonic tularemia).</p> <p><i>In a biological attack, it would most likely be delivered by aerosol, resulting in typhoidal tularemia.</i></p>	<p>Typhoidal tularemia presents with fever, chills, headache, malaise, substernal discomfort, prostration, weight loss and a non-productive cough.</p> <p>Pneumonitis, pleural effusions, hemoptysis, sepsis, ocular lesions, skin ulcers, oropharyngeal of glandular disease.</p>	<p>Collect specimens of respiratory secretions and blood for elevated serum antibody titer to F. tularensis. Place lab specimens in durable leak proof containers and plastic bags that are sealed and labeled clearly. Consider obtaining two sets of blood cultures, sputum, CSF if meningeal signs are present and lymph node biopsy.</p> <p>Radiographic imaging for bilateral patchy pneumonia or pleural effusions like TB</p>	<p>Person-to-person transmission has NOT been documented. Inhalation of as little as 10 organisms of infective bacteria has caused disease. May also be transmitted through direct contact, such as handling infected clothing, bedding, equipment, infected animals (especially rabbits or muskrats), as well as through drinking contaminated water or eating undercooked meat.</p>	<p>1 - 14 days, with non specific febrile illness beginning 3-5 days later.</p>	<p>Antibiotics are the recommended method of treatment. Post exposure vaccination is not recommended</p> <p>Adults: Streptomycin 1gram IM bid X 10d OR Gentamicin* 5mg/kg IM or IV q d X 10 d.</p> <p>Children: Streptomycin 15mg/kg IM bid x 10d not to exceed 2gm/d. OR Gentamicin* 2.5mg/kg IM or IV tid X 10 d.</p>	<p>Recommendations include: ADULT: Doxycycline 100 mg. PO BID for 14 to 21 days OR Ciprofloxacin 500 mg. PO BID for 10 days.</p> <p>CHILD : if ≥ 45 kg Doxycycline 100 mg. PO BID If ≤ 45 kg, give 2.2 mg/kg PO BID OR</p> <p><i>Case fatality rate 30-60% in untreated cases and 5% in treated cases.</i></p>	<p>Universal precautions</p> <p><i>Strict adherence to recommendations concerning drainage and secretions, particularly for draining lesions and for disinfection of soiled clothing, bedding, and equipment.</i></p>

Disease	Signs and Symptoms	Diagnostic Tests	Transmission and Communicability	Incubation Period	Treatment	Postexposure Prophylaxis	Isolation/ Quarantine
<p>Smallpox (Variola virus)</p> <p>**NOTE: If smallpox is suspected, report case immediately-before obtaining diagnostic samples. Variola major has a 30% mortality rate.</p>	<p>Fever, malaise, head and body aches, and sometimes vomiting.</p> <p>Fever ranges from 101° to 104° F. The prodromal phase lasts 2 to 4 days. Rash appears on tongue and oral mucosa then spreads to face, arms, legs, palms and soles of feet then trunk. Skin lesions appear on the body and move centrally. Lesions progress to macules, papules, vesicles, pustules and finally scabs in 1 to 2 weeks.</p>	<p>Obtain vesicular or pustular fluid, pharyngeal swab or scab material. Tests include PCR, viral isolation, electron or light microscopy to differentiate varicella from variola virus, and serology. Biosafety level 4 should be used for handling specimens. Diagnostic testing available at CDC only.</p>	<p>Person-to-person airborne droplet nuclei spread by infected saliva droplets from an ill person. OR direct contact with skin lesions of patients or items that have recently been contaminated. Person is contagious at the onset of the rash and remains contagious until all scabs fall off in about 3-4 weeks.</p>	<p>Duration: 7-17 days.</p> <p>The average incubation period is 12 – 14 days. During this period the person is not contagious until the onset of fever.</p>	<p>Vaccinate within 4 days of exposure. VIG for serious complications of smallpox vaccination</p> <p>Supportive care includes intravenous fluids, medications to control fever and pain. Administer antibiotics for secondary bacterial infections.</p> <p>Vaccine and VIG are not commercially available and would be released by CDC if a smallpox case is confirmed.</p>	<p>Early vaccination within 4 days of exposure may decrease the severity of illness or eliminate it all together. Vaccinate all face to face contacts if possible. Variola Immune Globulin (VIG) use will be recommended by CDC.</p>	<p>Use airborne precautions and contact precautions to contain the disease.</p> <p>Quarantine contacts at home and monitor contact's temperature daily for 18 days. Any fever above 101 degrees F. suggests development of smallpox. Isolate until diagnosis has been confirmed or ruled out.</p>

Disease	Signs and Symptoms	Diagnostic Tests	Communicability /Transmission	Incubation Period	Treatment	Prophylaxis	Isolation/ Quarantine
<p>Anthrax <i>Bacillus anthracis</i></p> <p>A) Inhalation anthrax <i>Mortality is high with delayed or no treatment.</i></p> <p>B) Cutaneous anthrax <i>Mortality can be 20% without antibiotics versus 1% with antibiotics</i></p> <p>C) Gastrointestinal anthrax <i>Mortality may be greater than 50%</i></p>	<p>A) Biphasic: Flu-like symptoms fever, fatigue, muscle aches, nonproductive cough, some chest or abdominal pain. Progresses abruptly to second phase in 2 – 3 days and includes fever, acute dyspnea, diaphoresis, cyanosis, respiratory failure and shock.</p> <p>B) Intense itching followed by painless papular lesions, then vesicular lesions, developing into eschar which falls off in 1 – 2 weeks; surrounded by massive edema.</p> <p>C) Abdominal pain, nausea and vomiting, fever, severe bloody diarrhea, GI bleeding, and bloody emesis.</p>	<p>A) Chest xray and/or chest CT, peripheral blood smear, gram stain of CSF, gram stain pleural/ascetic fluid with cultures</p> <p>B) Gram stain of skin lesion, or skin biopsy, peripheral blood smear, cultures of blood, vesicular fluid, sterile punch biopsy</p> <p>C) Blood cultures</p>	<p>A) Articles contaminated with spores can remain infective for decades. Inhalation of spores</p> <p>B) Direct contact with contaminated articles.</p> <p>C) Eating contaminated meat</p>	<p>A) 1-6 days, possibly ranging up to 60 days (usually 4-6 days). Spores can survive up to 60 days in the nasopharynx.</p> <p>B) 1-7 days</p> <p>C) 2 - 5 days</p>	<p>Effective antibiotics including ciproflaxin, doxycycline and amoxicillin. Anthrax vaccine is only recommended for high-risk populations such as military personnel.</p>	<p>Adult: Prophylaxis for 60 days: Doxycycline 100 mg PO q12 hrs. Or Amoxicillin 500 mg PO q8 hrs. Or Ciprofloxacin 500 mg PO q12 hrs.</p> <p>Children: Cipro 10 – 15 mg/kg q 12 h OR Doxycycline 100 mg BID > 8years and >45 kg. Amoxicillin 500 mg PO q 8 >20kg, 20 mg/kg poq8h in < 20 kg.</p>	<p>A) Standard Precautions <i>75% fatality rate</i></p> <p>B) Contact Precautions <i>20% fatality rate in untreated cases. Deaths rare with appropriate treatment.</i></p> <p>C) Standard Precautions <i>25-65% fatality rate</i></p>

Disease	Signs and Symptoms	Diagnostic Tests	Communicability /Transmission	Incubation Period	Treatment	Postexposure Prophylaxis	Isolation/ Quarantine
<p>Pneumonic Plague Yersinia pestis Size of outbreak depends on quantity of biologic agent, strain and method of aerosolization-environmental conditions</p>	<p>High fever, cough, hemoptysis, chest pain, nausea and vomiting, headache. Advanced disease: purpuric skin lesions, copious watery or purulent sputum production; respiratory failure in 1 to 6 days. 90-100% fatality rate without treatment within 24 hours of symptoms.</p>	<p>For symptomatic patients only: gram stain (sputum, blood, lymph node aspirate with 20 guage needle and 10cc syringe, 1 – 2 ml of saline in node.</p> <p>Sputum or tracheal aspirate for Gram's Wayson's and fluorescent antibody staining. The local FBI will coordinate collection of evidence and delivery of forensic specimens to Department of Defense Laboratory.</p>	<p>Aerosol-inhalation of bacteria Droplet-inhalation of bacteria from infected person Direct contact with infected blood or tissue or animals. Close contact with an infected person Bacterium may survive up to one hour depending on conditions</p>	<p>1-6 days, usually 2-4 days.</p> <p>Rapidly develops pneumonia which progresses for 2 – 4 days and may cause respiratory failure and shock.</p>	<p>Streptomycin (drug of choice) 1 Gm. IM bid for 10 days or Gentamicin 5 mg/kg IM/IV qd x 10 days Pregnant: gentamicin</p> <p>Alternatives: Doxycycline 200 mg IV then 100 mg IV bid x 10-14 days or Ciprofloxacin 400 mg IV bid x 10 days or Chloramphenicol 25 mg/kg IV bid.</p> <p>During outbreak, treat all patients who develop fever > 101.3 F., or a new cough or are infants with rapid breathing.</p>	<p>Doxycycline 100 mg PO bid x 7 days (Peds: 2.2 mg/kg PO bid if < 45 kg; adult dose if > 45 kg) Or Ciprofloxacin 500 mg PO bid x 7 days (Peds: 20 mg/kg PO bid up to 1 Gm/d) Or Tetracycline 500 mg PO qid x 7 days (Peds: 40 mg/kg/d qid dosing).</p> <p>If exposure is ongoing, antibiotics should continue for 7 days following the last exposure.</p> <p>No vaccine available for pneumonic plague although a formalin-killed vaccine exists for bubonic plague. Post-exposure immunization has no utility.</p>	<p>Strict respiratory isolation for until 3 full days of effective antibiotic therapy.</p> <p>Masks are to be worn by patients and those with ongoing exposure to infected patients and eye protection.</p>

