



Anthrax Protocol US Naval Hospital Okinawa

- 1) DCH Watch arrives on scene. Their purpose is to ascertain that appropriate public health precautions are taken, and to ensure that the affected individuals and the 1st response team get appropriate health care. They liaison with other components of the health care team at the clinics and the hospital, and ascertain that all affected individuals are decontaminated prior to seeking care. In addition, DCH Watch may assist with ensuring that the health care needs of the public at large are met and can assist with the dissemination of educational information to allay fears and anxieties.
- 2) DCH Watch will liaison with
 - IC and rest of first response team
 - ER and EMTs
 - Internal Medicine
 - Pediatric Dept (as needed)
 - Local Clinics
 - Pharmacy
- 3) The Incident Commander will supply the DCH Watch with the necessary facilities at the scene to include a tarp identifying the medical area, table, chairs, and necessary beverages for the affected individuals. In addition to providing a map delineating where the affected individuals were located at the scene, the Incident Commander will assist with obtaining 3 rosters-- the 1st response team, the index person and immediate personnel, and all potentially exposed individuals.
- 4) DCH Watch will liaison with the Emergency Department and the EMT's to facilitate and expedite care of individuals. By networking with the branch medical clinics and Internal Medicine, the DCH watch can provide the ER with alternative options for appropriate medical care for non-urgent cases. In addition, DCH can serve as a voice to express the concerns of the EMT's at the scene.
- 5) Pharmacy support will consist of providing medications in the field. For adults, doxycycline 100mg po BID (#14) will be dispensed in labeled envelopes. Pregnant/lactating women or immunocompromised individuals will receive Cipro 500mg po BID (#14). For kids depending on their weight, ciprofloxacin tablets or solution will be provided. In addition, if the Pharmacy dept is called to the scene, they will assist with obtaining a roster of patients (name/SSN/contact info), dispensing patient education, and reassuring patients.
- 6) Internal Medicine duty doc will be contacted in the setting of a known positive anthrax environmental specimen and will serve as a liaison to help facilitate care and the initiation of prophylactic antibiotics. After discussion with the Community Health watch, patients will either be referred directly to Internal Medicine clinic or an Internal Medicine physician may report directly to the scene to expedite care. The intent is to keep otherwise healthy individuals from being transported by EMS and/or being evaluated by ER staff members, thereby maintaining availability of ER services to sick individuals. The Internal Medicine physician is authorized to prescribe medications to all individuals, including children using the CDC published guidelines. If for any reason, the Internal Medicine physician does not feel comfortable prescribing medications to children, the pediatric duty doc will be contacted to assist with the prescribing of antibiotics.

- 7) Pediatric support will consist of accepting referrals from and providing consultation to the Community Health watch or Internal Medicine physician who will be screening pediatric patients. In addition, the Pediatric physician may be contacted to assist with providing antibiotic prescriptions to children. If there is ANY concern about ANY symptoms during the course of antibiotic therapy, a Pediatric duty doc will be contacted and asked to assess the patient and assist with management. (personal communication, Pediatric DH 12/4/01)
- 8) Local branch medical clinic support will consist of providing supportive care to low acuity patients as needed. In addition, if a USNH support team arrives on scene, it may become necessary to use local clinic facilities to provide a locale for appropriate care to be provided by other health care practitioners. It will be ensured that all patients referred to the local branch clinic will be decontaminated, and the local clinic can expect to be contacted by the USNH Community Health Watch Officer prior to transfer or referral of any patients.
- 9) Encounters will consist of an initial screening by an Internal Medicine physician. Documentation of a patient's past medical history, allergies, current medications, and current symptoms along with important demographic information will be made on an SF 600 Anthrax Exposure Encounter Form overprint. In addition, the patient will be provided with a patient education form providing them with information about antibiotic prophylaxis, other more serious forms of anthrax, medication information and side effects, and instructions on seeking care if symptoms develop, on informing other providers of this incident, and how to contact the Internal Medicine staff members.
- 10) Civilians will be granted the same privileges as other beneficiaries. MLC's will be given the initial 7 days of antibiotic therapy, along with instructions (translated into Japanese) to follow up with their primary provider. The roster of all affected MLC's will be submitted to the local Japanese Public Health Office (Koza Public Health Center—POC Ms. Kawakami #938-9886) so that they can ensure and facilitate appropriate follow up.
- 11) After patients have been initiated on antibiotics, their information will be entered into a database. If the environmental specimen is later determined to be anthrax positive, a letter will be sent to the individual's PCM instructing the provider that their patient was recently started on prophylactic medications. Depending on the results of confirmatory environmental testing, antibiotics will either be stopped or continued for a total of 60 days. If antibiotics are continued, patients will be contacted by personnel from the Directorate of Community Health on Day 7, 15, 30, 67 to ensure follow up. For those patients initially started on Cipro, they will be switched to Amoxicillin for prophylaxis when the anthrax strain has been determined to be penicillin-sensitive. During follow up, if any children develop any symptoms, they will be referred to a Pediatric provider for further evaluation and management.