Notification Protocol for Suspected Bioterrorism Incidents

**SCENARIO A**
Single or Multiple suspected case(s) of the following:
- Pulmonary or GI Anthrax
- Pneumonic Plague
- Smallpox
- Ricin
- Viral Hemorrhagic Fevers (e.g., Ebola, Marburg)
- Burkholderia mallei (Glanders)

**SCENARIO B**
Single or Multiple suspected case(s) of the following:
- Bubonic Plague
- Cutaneous Anthrax
- Alphaviruses (e.g., VEE)
- SEB
- Burkholderia pseudomallei (Meliodosis)
- Botulism
- Brucellosis
- Q fever
- Tularaemia

**SCENARIO C**
Single or multiple suspected case(s) of any infectious illness

**SCENARIO D**
A small increase in one or more local/state DOH-determined BT indicators (e.g., an unexpected increase in unexplained deaths) suggestive of a possible bioterrorism (BT) event.

**SCENARIO E**
A sudden, marked unexplainable increase in any one local/state DOH-determined BT indicator.

**Traditional (Passive) Surveillance**

**Non-Traditional Surveillance (BT-indicators)**

**ROUTINE LOCAL AND/ OR STATE DOH OUTBREAK INVESTIGATION†**

Any evidence suggesting the intentional release of an agent?

**"Natural Illness or Outbreak"**

Notification
- Local DOH
  - Local DOH notifies State DOH
  - State DOH notifies CDC, if necessary

Based on rapid local or state DOH investigation, is there a reasonable explanation for natural illness (e.g., recent travel to area of endemicity)?

**"Possible, Probable or Confirmed BT Event"**

Notification
- Local/State DOH & Local Police
  - State DOH notifies The Mega, Area BT Task Force and CDC, if necessary
  - Local Police notifies State Police
  - State Police notifies the FBI
  - Neighboring Local and State DOHs or search for additional cases

**"False Alarm"**

- If notified prior to or concurrent with investigation, notify of false alarm.

**"Natural Outbreak"**

Notification
- Local/State DOH
- CDC, if necessary
- If notified prior to or concurrent with investigation, notify of natural outbreak.

**LOCAL AND/OR STATE DOH INVESTIGATION ‡**

Some factors to consider in course of investigation may include:
- simultaneous increase in other BT indicators
- data from active surveillance efforts
- additional epi data suggesting unusual illness

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