Anthrax "Affected Sites" Meeting
CDC, Atlanta
December 13 - 14, 2001

I attended the "Affected Sites" Meeting for Connecticut and CSTE. Other sites represented included Florida, Georgia, Maryland, Missouri, New York City, New York State, North Carolina, Virginia, and Washington, DC.

The intent of the meeting was to give CDC feedback on what parts of the anthrax response went well and what parts need improvement.

Workgroups on preparedness, information management, initial response, and the pharmaceutical stockpile were on the first day. Workgroups on epidemiology and surveillance, laboratory testing, and post exposure prophylaxis were on the second day.

Discussions were constrained by the presence of reporters. The two articles from the New York Times below capture the tone and some of the substance of the meeting.

The meeting was recorded by CDC and will be used to prepare a meeting summary.

Before leaving Atlanta, I recommended that CDC may want to consider having additional follow up discussions in a different forum.

Matthew L. Cartter, MD, MPH
CSTE President

Epidemiology Program Coordinator
Connecticut Department of Public Health
410 Capitol Ave., MS# 11EPI
P.O. Box 340308
Hartford, CT 06134-0308

Phone: (860) 509-7994
Fax: (860) 509-7910

E-mail: matt.cartter@po.state.ct.us

http://www.nytimes.com/2001/12/14/national/14CDC.html?searchpv=past7days

The New York Times
December 14, 2001

THE DISEASE

Experts Assess Officials on Anthrax Outbreak
By LAWRENCE K. ALTMAN

ATLANTA, Dec. 13 - The government investigation of the deliberate spread of anthrax received praise and criticism from officials in directly affected states and in the postal system at a meeting here

today.

The meeting was one of several held by the Centers for Disease Control and Prevention in recent days to take advantage of a lull in the outbreak - no new case has been detected since mid-November - for experts and representatives of affected groups to discuss what went right and wrong in the investigation that began 10 weeks ago.

Participants criticized political leaders who were not medically trained for providing information about medical issues like the proper use of antibiotics. But they did not name any leaders.

The criticism was polite largely because the meeting was open to reporters, a number of participants said. They said in interviews that they would reserve harsher comments for private discussions with officials from the Centers for Disease Control and Prevention.

Deborah Willhite, senior vice- president for government relations of the United States Postal Service, said the disease control centers had not usually considered it important to put money into communications, "but it is critical."

Referring to the confusion resulting from poor communication when anthrax was first found in the postal system, Ms. Willhite said, "we needed one person from C.D.C." to speak at news conferences.

Traditionally, the agency has deferred to state and local health officials to disclose health information. But that strategy was not effective in the recent anthrax attacks. As cases were detected in several states, there was a critical lack of a national voice to prevent confusion, said Dr. John Agwunobi, the Florida secretary of health.

Information giving "was too local," Dr. Agwunobi said, and "it took too long to turn a single event in Palm Beach" into the national threat that it was.

Dr. Agwunobi was among those who criticized the health profession's imprecise language in reporting test results.

"We are not going to use the words `preliminary' or `presumptive' anymore because they confused the situation," Dr. Agwunobi said, adding that instead, "we'll use `positive or not positive,' `result or no result.' "

But state health officials also praised the disease control centers for providing their expertise on anthrax. One Postal Service official, Suzanne Medvidovich, senior vice president for human resources, praised the agency's experts for their willingness to make decisions and for their availability to inform workers about anthrax.

Corey Thompson of the American Postal Workers Union said C.D.C. representatives regularly provided all requested information and participated in meetings with his group.

Tim Haynes, the plant manager at the Brentwood postal station in

Washington, said there would have been more panic without the help of the agency and the District of Columbia Health Department.

But, Mr. Haynes said, "we need a better way to communicate."

State health officials criticized the disease control centers and themselves for not clearly explaining the uncertainty over the usefulness of nasal swabs and blood tests in detecting anthrax cases and for delays in communicating other critical information to the public in plain English.

During the outbreak, medical investigators were trying to gather data and conduct tests like nasal swabs and blood tests to see if they might be effective in detecting anthrax, Dr. Agwunobi said, although their usefulness had not been proved.

He said blood tests turned out not to be helpful in detecting whether a person was infected, and health officials were then criticized by patients who asked: "Why did you draw my blood if it did not benefit me directly?"

"Where we failed was in adequately communicating to the community and individuals involved the limitations of that mode of testing," Dr. Agwunobi said.

On Oct. 15, when an opened envelope dispersed anthrax spores through the office of Senator Tom Daschle, visitors to the Capitol called their physicians and health departments right away to ask whether they should take antibiotics.

But, said Dr. Matthew Carter of the Connecticut health department, he and other health officials "did not know who to call for information."

Dr. John Eisold, the Capitol physician, said the Department of Health and Human Services asked him to write recommendations, which he then sent to the disease control centers.

But the recommendations were not posted on the disease control centers' Web site until two days later, Dr. Carter said.

In a separate development today, Dr. Brad Perkins, a top anthrax investigator for the disease control centers, said that the Department of Health and Human Services was obtaining 220,000 doses of anthrax vaccine from the Department of Defense.

The Centers for Disease Control and Prevention has permission from the Food and Drug Administration to use the vaccine in experiments in preventing infection and treating patients. The C.D.C. is seeking advice from an independent committee on vaccine practices about its use in laboratory and other workers, Dr. Perkins said.

http://www.nytimes.com/2001/12/15/national/15CDC.html?searchpv=past7days

The New York Times
December 15, 2001

THE RESPONSE

Preparation for Anthrax Is Called For

By LAWRENCE K. ALTMAN

ATLANTA, Dec. 14 - The public health system worked well in containing the deliberate spread of anthrax but is inadequately prepared for a larger outbreak, state and local health department officials said at the close of a meeting here today.

Throughout the two-day meeting at the Centers for Disease Control and Prevention, health officials expressed deep concern over the possibility of a much larger bioterrorism outbreak than the 18 cases of anthrax that have been confirmed since early October.

"This was not the big one," said Dr. Lou Turner, the director of the North Carolina Laboratory of Public Health. "The big one is still out there," she said.

Participants like Dr. Ross Brechner of the Maryland State Health Department said defining a big outbreak was difficult. One hundred cases could be a big one, "but 1,000 would be a monster," Dr. Brechner said.

Even in states that had held drills to prepare for bioterrorism attacks, there was no way that laboratories could have prepared for the volume of testing required in the recent anthrax outbreak, participants said.

The New York City Health Department tested thousands of specimens for anthrax, said Dr. Sara T. Beatrice, who supervised the work. She said the work could not have been completed in time without the help of the Department of Defense and the Centers for Disease Control, which sent laboratory teams and equipment.

Testing turned out to be the least of most laboratories' problems. Participants said bigger difficulties were collecting specimens, maintaining a chain of command and communicating the findings.

One question the laboratories had not anticipated was how to store thousands of items that show no evidence of anthrax but are being kept as part of the criminal investigation.

The items include rugs, sets of china, jewelry, hundreds of envelopes, even wads of hundred-dollar bills, said two health officials, Dr. James Pearson of the Virginia Division of Consolidated Laboratory Services in Richmond and Elizabeth Franko, director of the Georgia Department of Health Laboratory.

Participants said that the health system was deeply flawed in the way it communicated with the public and with health workers.

"Like the press, we wanted more information from C.D.C." at times, said Dr. Eduardo Simoes of the Missouri Department of Health in Jefferson City. But he also said the health system had responded well to the outbreak.

In the investigation, the C.D.C. collected blood from patients and people exposed to spores, to validate whether blood tests could help in detecting anthrax infection. For such testing, blood has to be collected at intervals of at least two weeks.

But state health officials had trouble matching the patients' first and subsequent specimens because they often did not have access to the disease centers' master list, Dr. Pearson said.

Health officials, like doctors, protect the confidentiality of a patient's information, and they said that they did not release the names of infected and suspected anthrax patients to news organizations.

But health officials did release confidential health information to law enforcement officials. That situation pointed up a need to study who has the authority to release medical information to law enforcement authorities and under what circumstances, said Dr. Matthew Cartter, a Connecticut state health department official.

Anthrax was a test of preparedness that the health system passed in some ways and not in others, the health officials said.

"What we did right, and did a lot of, was learn an incredible amount" during the evolution of an outbreak caused by a bacterium that only a few American doctors had ever treated, Dr. Brechner said.

Health workers rallied instantly in responding to the anthrax crisis, forming teams that functioned smoothly even though most people were working together for the first time, the participants said.

Laboratories in affected areas collaborated with those elsewhere to test the thousands of specimens collected from patients, the worried well, and the environment. Indeed, the officials said they could not have functioned without collaborating.

If the health system is to confront another bioterrorist attack effectively, the participants said they would need sustained financing and more money to hire laboratory staff at salaries competitive with those in private laboratories.

Dr. Stephen Ostroff, an anthrax expert with the Centers for Disease Control, said: "We don't know when and where the next event will be."