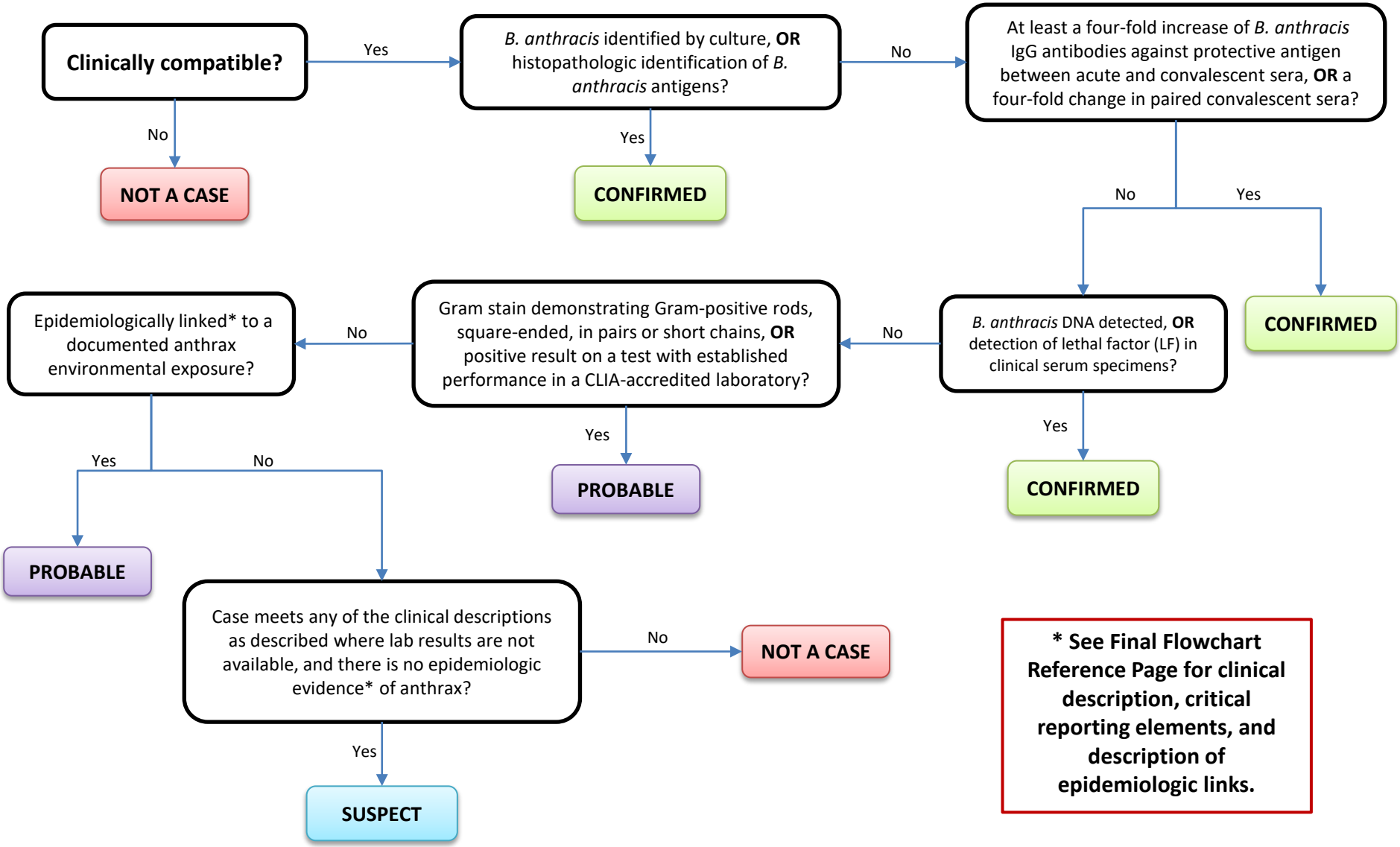
# Anthrax




*** See Final Flowchart Reference Page for clinical description, critical reporting elements, and description of epidemiologic links.**

# Anthrax

## Clinical Description, Epidemiologic Linkage, and Critical Reporting Elements

**Clinical Description:**

**Anthrax presents with an acute onset illness with at least one of the following:**

- An illness with at least one specific OR two non-specific symptoms and signs that are compatible with cutaneous, ingestion, inhalation, or injection anthrax; systemic involvement; or anthrax meningitis
- A death of unknown cause AND organ involvement consistent with anthrax

**There are several distinct clinical forms including the following:**

Cutaneous: A painless skin lesion evolving during a period of 2–6 days from a papule, through a vesicular stage, to a depressed black eschar surrounded by edema. Fever, malaise, and lymphadenopathy may also be present.

Inhalation: Symptoms resembling a viral respiratory illness, followed by hypoxia, dyspnea, or acute respiratory distress with resulting cyanosis and shock. Radiographic evidence of mediastinal widening or pleural effusion is common in later stages of illness.

Injection: Severe soft tissue infection that appears like a significant edema or bruising after an injection. No eschar or pain is associated. Symptoms may also include fever, shortness of breath, or nausea.

Ingestion: Presents as two subtypes -

Gastrointestinal: Severe abdominal pain and tenderness, nausea, vomiting or vomiting of blood, bloody diarrhea, fever, abdominal swelling, loss of appetite, and possibly septicemia.

Oropharyngeal: A painless mucosal lesion in the oral cavity or oropharynx with pharyngitis, swollen lymph nodes in the neck, edema, fever, and possibly septicemia.

Meningeal: May complicate any form of anthrax or may be a primary manifestation. Symptoms include fever, headache (often severe), nausea, vomiting, fatigue, meningeal signs, altered mental status, and other neurological signs such as seizures or focal signs are usually present. Most patients with anthrax meningitis have cerebral spinal fluid abnormalities consistent with bacterial meningitis.

**Epidemiologic linkage:**

- Exposure to environment, food, animal, materials, or objects that is suspect or confirmed to be contaminated with B. anthracis;
- Exposure to the same environment, food, animal, materials, or objects as another person who has laboratory-confirmed anthrax;
- Consumption of the same food as another person who has laboratory-confirmed anthrax.

**Critical Reporting Elements and Comments:**

- Specify the clinical form(s) of the disease.
- Document the anatomical site of infection.
- Document the source of infection, if known.
- Note the patient's anthrax immunization history.