



SYMPTOMS AND TREATMENTS TABLE

Agent	Symptoms	Incubation Period	Diagnostic Samples	Diagnostic Assay	Patient Isolation	Chemotherapy (Cx)	Chemo-Prophylaxis (PX)	Comment
Anthrax (Category A)	Fever, malaise, fatigue, cough, respiratory distress (dyspnea, diaphoresis, stridor, cyanosis) Shock and death within 24-36 hours of severe symptoms.	2-50d	Blood (BSL-2)	Gram stain Ag-ELISA Serology, ELISA	Standard precautions	ADULT <ul style="list-style-type: none"> - Ciprofloxacin 400mg IV BID OR - Doxy 100mg IV q12 PLUS one or two additional drugs from the following list: PCNG 4 million units q4h, clindamycin, rifampin, vancomycin, imipenem, clarithromycin - Vancomycin PLUS Rifampin PLUS Cipro are recommended for meningitis - Treat as long as clinically indicated but complete 60 days of prophylaxis. PEDS <ul style="list-style-type: none"> - Cipro 10-15 mg/kg PO BID, not to exceed 1.5g/d (OR) - Doxycycline, >8 yrs and >45kg:100mg BID, <8yrs and/or <45kg:2.2mg/kg q12h - PLUS one or two additional drugs from the following list: PCNG 50,000 Units/kg IV q6 if less than 12 yrs of age PCNG 4 million Units IV q4 if older than 12 yrs of age, clindamycin, rifampin, vancomycin, imipenem, clarithromycin - Treat for 60 days 	ADULT <ul style="list-style-type: none"> - Cipro 500mg PO q12 (OR) - Doxy 100mg PO q12 (OR) - Amoxicillin 500mg PO q8 (alternative for pregnant pts) - Treat for 60 days. Also vaccinate (if available, at 0, 14, and 28 days) PEDS <ul style="list-style-type: none"> - Cipro 10-15 mg/kg PO BID, not to exceed 1.5g/d (OR) - Doxycycline, >8 yrs and >45kg:100mg BID, <8yrs and/or <45kg:2.2mg/kg q12h (OR) - Amoxicillin 500mg PO q8 if weight ≥ 20kg Amoxicillin 40mg/kg/day PO in divided doses q8 if weight < 20kg (may be considered if sensitive but may be less desirable) 	Vaccine (if available): boost at-risk annually Alternates for RX: gentamicin, erythromycin, and chloramphenicol Treatment for pregnant is same as non-pregnant
Botulinum (Category A)	Ptosis, generalized weakness, dizziness, dry mouth and throat, blurred vision and diplopia, and dysphagia followed by symmetrical descending flaccid paralysis and respiratory failure.	1-5d	Nasal swab (possibly BSL-2)	Ag-ELISA, Mouse neutral	Standard precautions	DOD heptavalent antitoxin for (serotypes A-G) (IND): equine despeciated 1 vial (10mL) IV CDC Trivalent equine antitoxin for serotypes A, B, E (licensed)	DOD heptavalent antitoxin for (serotypes A-G) (IND): equine despeciated 1 vial (10mL) IV CDC Trivalent equine antitoxin for serotypes A, B, E (licensed)	Skin testing for hypersensitivity before equine antitoxin administration ventilatory assistance

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Plague (Category A)	High fever, chills, HA, hemoptysis, and toxemia, progressing rapidly to dyspnea, stridor and cyanosis. Death results from respiratory failure, circulatory collapse and a bleeding diathesis	2-3d	Blood sputum, lymph node aspirate (BSL2/3)	Gram or Weight Giemsa Stain, Ag-ALISA Culture, serology Elisa, IFA	Contact & Airborne until patient treated for 3 days	ADULT <ul style="list-style-type: none"> - Gent 5mg/kg IM/IV qd (OR) 1.7mg/kg IM/IV TID (OR) - Streptomycin 1gm IM BID (OR) - Doxy 100mg IV/PO BID or (OR) - Chloramphenicol 25mg/kg IV/PO q6h x - Treat for 10-14 days PEDS <ul style="list-style-type: none"> - Gent 2-2.5 mg/kg IM or IV q8h – neonates need dose adjustment (OR) - Streptomycin 15mg/kg BID up to 1 gm/day (OR) - Doxy 2-4mg/kg IV BID, up to 200 mg/day 	ADULT <ul style="list-style-type: none"> - Tetracycline 500mg PO QID x 7d (OR) - Doxy 100mg PO BID x 7d (OR) - Cipro 500mg PO BID (OR) - Chloramphenicol 25mg/kg PO QID PEDS <ul style="list-style-type: none"> - Doxy 2-4mg/kg IV BID, up to 200 mg/day (OR) - Cipro 10-15 mg/kg PO BID up to 1.5 gm/day (OR) - Chloramphenicol 50-75mg/kg/day PO divided q6h up to 4gm/day (need to monitor blood levels in neonates) 	Alternate Rx: chloramphenicol or trimethoprim-sulfamethoxazole Rx: chloramphenicol for plague meningitis Pregnancy: Gent, Doxy, or Cipro
Smallpox (Category A)	Acute with malaise, fever, rigors, vomiting, headache, & backache. 2-3 days later macules appear then papular and then pustular vesicles. Vesicles more abundant on extremities and face & develop at same time.	7-17 days	Pharyngeal swab, scab material (BSL-4)	ELISA, PCR, virus location	Airborne and contact (STRICT) precautions	Cidofovir (effective in vitro)	Vaccina immune globulin 0.6mL/kg IM if available (within 3 days of exposure; best within 24 hours) Vaccine (scarification) within 4 days of exposure	Pre-exposure and post exposure vaccination recommended if >3 y since last vaccination
Tularemia (Category A)	Local ulcer and regional lymphadenopathy, fever, chills, HA and malaise, substernal discomfort, prostration, wt loss, and no productive cough	2-10d	Blood, sputum, serum EM of tissue (BSL-2/3)	Culture serology: agglutination	Standard precautions	ADULT <ul style="list-style-type: none"> - Gentamicin 5 mg/kg IM or IV QD or 1.7 mg/kg IM or IV q8h - Streptomycin 1g IM BID (OR) - Doxy 100mg IV/PO BID - Treat for 10-14 days PEDS <ul style="list-style-type: none"> - Gentamicin 2-2.5 mg/kg IV or IM q8h (neonates need dose adjustment) - Streptomycin 10-20 mg/kg IM q12h, up to 1gm/day 	ADULTS <ul style="list-style-type: none"> - Doxy 100mg PO BID (OR) - Cipro 500mg PO BID PEDS <ul style="list-style-type: none"> - Doxy 2 mg/kg PO BID, up to 200 mg/day (OR) - Cipro 10- 15 mg/kg PO BID, up to 1gm/day 	Culture difficult and potentially dangerous

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Viral hemorrhagic fevers (Ebola Rift Valley, Marburg, Lassa fever, Argentine, Bolivian, Venezuelan n, and Congo-Crimean (Category A))	Febrile illnesses complicated by bleeding, petechiae, hypotension and shock, flushing of face and chest and edema. Malaise, myalgias, HA, vomiting, diarrhea	4-21d	Serum, blood Most viral hemorrhagic fevers (BSL-4), RVF, KHF and YF (BSL-3)	Viral isolation Ag-ELISA RT-PCR serology: Ab-ELISA	Droplet and Contact (Strict) isolation	Supportive therapy. - Ribavirin (CCHF/arenaviruses) 30 mg/kg IV q 8hx 6 days. Antibody passive for AHF, BHF, Lassa fever and CCHF.	NA	Aggressive management of secondary infections and hypotension is important

Additional Bioterrorism Agents (Category B)

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Brucellosis	Acute or insidious onset, intermittent or irregular fever, headache, weakness, profuse sweating, chills, arthralgia, depression, weight loss and generalized aching	5-60d (occasionally months)	Blood, bone marrow and convalescent sera (BSL3)	Serology: agglutination culture	Standard precautions Contact Precautions if draining lesion present	ADULT - Doxy 100mg PO/IV BID plus rifampin 600-900 mg PO/IV QD (OR) - Cipro 400mg IV BID PLUS rifampin 600-900mg PO/IV QD - Ceftriaxone 1-2 gms q12h PLUS rifampin 600-900 mg PO/IV QD (for CNS disease) - Treat for 6 weeks PEDS - Doxy 2-4 mg/kg PO BID, up to 200mg/day PLUS rifampin 15-20 mg/kg/day up to 600mg/day - TMP/SMX 10 mg/kg (TMP component) PO BID, up to 480mg TMP/day	ADULTS - Doxy 100mg PO BID plus Rifampin 600-900 mg PO QD for 3wks in inadvertently inoculated persons PEDS - Doxy 2-4 mg/kg PO BID, up to 200mg/day PLUS rifampin 15-20 mg/kg/day up to 600mg/day	TMP/SMX may be substituted for rifampin: however; relapse rate with this drug may be up to 30%
Cholera	Sudden onset, profuse painless watery stools, nausea and vomiting early in course of illness, and in untreated cases rapid dehydration, acidosis, circulatory collapse and renal failure	2-3 days usual, few hrs to 5 days possible	Stool (BSL2)	Culture	Contact Precautions	FOR SERIOUS INFECTIONS ONLY ADULT - Doxy 300mg PO X 1 (OR) - Cipro 1gm PO X 1 PEDS - TMP/SMX 10mg/kg (TMP component) PO BID, up to 480mg TMP/day	- N/A	

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Q fever (<i>Coxiella burnetii</i>)	Acute, febrile rickettsial disease onset may be sudden with chills, retrobulbar HA, weakness, malaise & severe sweats. Abnormal LFTs is common.	10-40d about 36 hours after aerosol exposure	Serum BSL	Serology ELISA, IF	Standard precautions	ADULTS <ul style="list-style-type: none"> - Doxy 100mg IV/PO BID + hydroxychloroquine 200mg PO TID (OR) - Chloramphenicol 25mg/kg IV/PO QID (OR) - Cipro 400mg IV BID - Treat for 14 days PEDS <ul style="list-style-type: none"> - Doxy 2-4 mg/kg PO BID, up to 200 mg/day PLUS rifampin 15-20 mg/kg/d up to 600mg/d - Chloramphenicol 50-75 mg/kg/day divided q6h, up to 4 gm/d (must monitor blood levels in neonates) 	ADULT <ul style="list-style-type: none"> - Tetracycline 500mg PO QID (OR) - Doxycycline 100 mg PO BID PEDS <ul style="list-style-type: none"> - Doxy 2-4mg/kg IV BID, up to 200 mg/day 	Recommended skin test
Viral encephalitis (Venezuela, eastern and western equine)	(VEE) Sudden onset of illness with generalized malaise, spiking fevers, severe HA, photophobia, and myalgias. Nausea, vomiting, cough, sore throat, and diarrhea. Full recovery takes 1-2 weeks.	VEE, 2-6d EEE/WEE, 7-14d	Serum VEE (BSL-) EEE (BSL2) WEE (BSL2)	Viral isolation serology: ELISA or hemagglutination or inhibition	Standard precautions	Supportive therapy analgesics anticonvulsants as needed	NA	TC-83 reagenic in 20% No seroconversion in 20% Only effective against subtypes 1A, 1B, & 1C Vaccine used for non-responders to TC-83 EEE and WEE inactivated vaccines are poorly immunogenic, and multiple immunizations are required

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