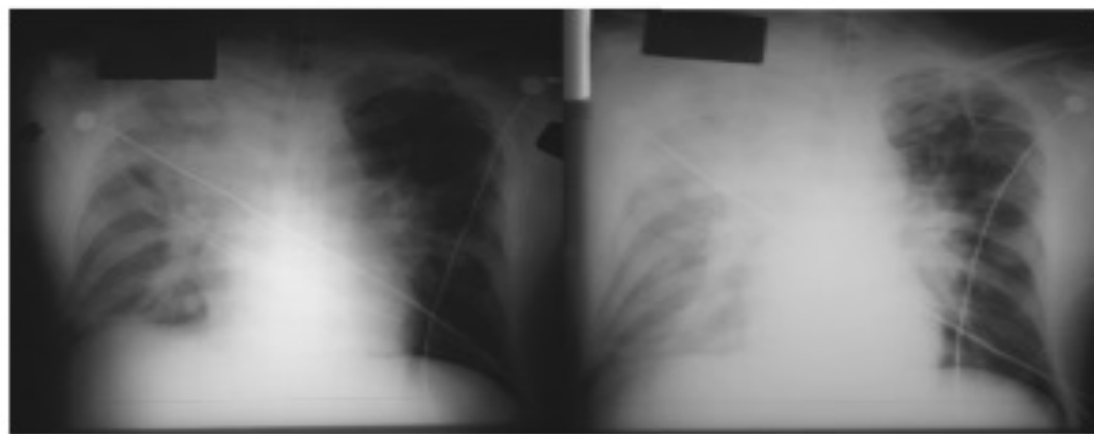


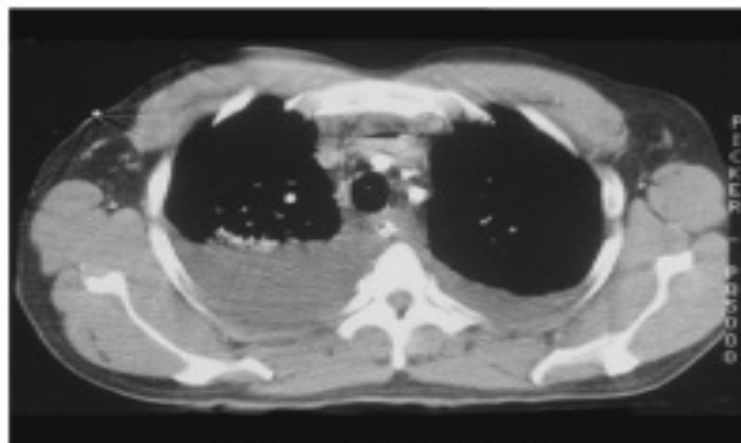
10/21/01 0300 (initial ER visit)

10/22/01 0630 (hospital admit)



10/22/01 0900

10/22/01 1100 (shortly before death)



TYPE OF ILLNESS	SPECIMEN COLLECTION AND TRANSPORT	COMMENTS
Cutaneous anthrax	<i>All stages:</i> Collect two swabs, one for Gram stain and culture and one for PCR assay.	<i>Swabs:</i> Moisten with sterile saline or water; transport in sterile tube at 2°C–8°C.
	<i>Vesicular stage:</i> Perform Gram stain, culture, and PCR assay of fluids from unroofed vesicle (soak two dry sterile swabs in vesicular fluid). <i>Note:</i> Gram stain is most sensitive during vesicular stage.	Transport swabs for PCR assay only at –70°C. Do not use transport medium. <i>Tissue, fresh:</i> ≥5 mm ³ ; store and transport at 2°C–8°C (≤2 h) or frozen at –70°C (>2 h).
	<i>Eschar stage:</i> Perform Gram stain, culture, and PCR assay of ulcer base or edge of eschar without removing it.	<i>Tissue, preserved in 10% buffered formalin:</i> 1.0 cm ³ ; store and transport at room temperature.
	<i>Ulcer (no vesicle or eschar present):</i> Swab base of ulcer with premoistened sterile saline.	Obtain biopsy specimen of lesions for histopathology, preserved in 10% buffered formalin: 0.3 mm diameter; store and transport at room temperature.
	A punch biopsy for IHC testing and a second biopsy for culture, Gram stain, PCR assay, and frozen tissue IHC if patient has not received antibiotics should be obtained on all patients with suspected cutaneous anthrax. Include skin adjacent to papule or vesicle. If vesicles and eschars are both present, separate biopsy specimens should be obtained.	Freeze serum after separation at –20°C or colder, ship on dry ice. Ship part of sample (>1.0 mL) and retain part in case of shipping problems.
	<i>Serum:</i> Collect acute serum within first 7 days of symptom onset and convalescent serum 14–35 days after symptom onset. Collect blood for culture and PCR assay and serum for LF detection with evidence of systemic involvement.	Obtain blood for culture per local protocol. Collect blood for PCR assay in EDTA (purple top) tube. Ship at room temperature (≤2 h transport) or 2°C–8°C (>2 h transport). Assay for serum LF toxin and presence of capsule available at CDC.
Inhalational anthrax	If sputum is being produced, collect sputum specimen for Gram stain and culture (<i>note</i> : inhalational anthrax does not usually result in sputum production).	<i>Sputum:</i> Transport at room temperature in sterile, screw-capped container (<1 h transport time) or at 2°C–8°C (>1 h transport time).
	Obtain blood for smear, culture, and PCR assay and serum for LF detection.	<i>Blood cultures:</i> Obtain appropriate blood volume, number, and timing of sets per laboratory protocol; transport at room temperature.

TYPE OF ILLNESS	SPECIMEN COLLECTION AND TRANSPORT	COMMENTS
	If a pleural effusion is present, collect a specimen for culture, Gram stain, PCR assay, and LF detection.	<i>Blood for PCR assay:</i> 10 mL in EDTA (for pediatric patients collect volumes allowable). Transport directly to laboratory at room temperature (2°C–8°C if transport ≥2 h).
	Collect CSF if meningeal signs are present or meningitis is suspected for culture, Gram stain, PCR assay, and LF detection.	<i>Pleural fluid:</i> Collect >1 mL in sterile container. Store and transport at 2°C–8°C.
	<i>Serum:</i> Collect acute serum within first 7 days of symptom onset and convalescent serum 14–35 days after symptom onset.	<i>CSF:</i> Transport directly to laboratory at room temperature, or 2°C–8°C if transport ≥2 h.
	<i>Biopsy material:</i> Bronchial or pleural biopsy material can be evaluated if available.	Transport serum or citrated plasma (separated and removed from clot) at 2°C–8°C (transport <2 h) or freeze at –20°C or colder (transport ≥2 h); ship on dry ice. Ship part of sample (>1.0 mL) and retain part in case of shipping problems.
		Preserve biopsy specimens in 10% buffered formalin, and transport at room temperature.
Gastrointestinal anthrax	Obtain stool specimen for culture (>5 g). Obtain rectal swab from patients unable to produce stool (insert swab 1 inch beyond anal sphincter).	<i>Stool:</i> Transport in sterile container unpreserved (≤1 hr transport time) or at 2°C–8°C in Cary-Blair medium or equivalent (>1 hr transport time); specimen >5.0 g.
	Obtain blood for smear and culture (and possibly PCR testing and LF detection). Blood cultures most likely to yield <i>Bacillus anthracis</i> if taken 2–8 days postexposure and before administration of antibiotics.	<i>Blood:</i> Transport at room temperature.
	If ascites is present, obtain a specimen for Gram stain and culture (and possibly PCR testing and LF detection).	
Anthrax meningitis	Obtain CSF specimen for Gram stain, culture, PCR assay, and LF detection. Obtain blood for Gram stain, culture, and PCR assay, and serum for LF detection.	See comments above for collection and transport of blood and CSF for Gram stain, culture, PCR assay, and LF detection.

For all strains, regardless of penicillin susceptibility or if susceptibility is unknown

Ciprofloxacin, 500 mg every 12 hours

or

Doxycycline, 100 mg every 12 hours

or

Levofloxacin, 750 mg every 24 hours

or

Moxifloxacin, 400 mg every 24 hours

or

Clindamycin, 600 mg every 8 hours b(tn0015)

or

Alternatives for penicillin-susceptible strains

Amoxicillin, 1 g every 8 hours

or

Penicillin VK, 500 mg every 6 hours

1. A Bactericidal Agent (Fluoroquinolone)**Ciprofloxacin 400 mg q8h***or***Levofloxacin 750 mg q24h***or***Moxifloxacin 400 mg q24h***plus***2. A Bactericidal Agent (β -Lactam)*****a. For All Strains, Regardless of Penicillin Susceptibility or if Susceptibility Is Unknown*****Meropenem 2 g q8h***or***Imipenem ^c_(tn0030) 1 g q6h***or***Doripenem 500 mg q8h***or****b. Alternatives for Penicillin-Susceptible Strains*****Penicillin G 4 million units q4h***or***Ampicillin 3 g q6h***plus***3. A Protein Synthesis Inhibitor****Linezolid ^d_(tn0035) 600 mg q12h***or***Clindamycin 900 mg q8h***or***Rifampin ^e_(tn0040) 600 mg q12h***or***Chloramphenicol ^f_(tn0045) 1 g q6–8h****Duration of Therapy**

For 2–3 weeks or longer, until clinically stable. Will require prophylaxis to complete an antibiotic course of up to 60 days from onset of illness.