

# City prepares to fight bioterror attack

*Experts say more needs to be done*

By LUKE CYPHERS, TERI THOMPSON and ROBERT INGRASSIA  
DAILY NEWS STAFF WRITERS

With Attorney General John Ashcroft warning of a "clear and present danger" of a followup terrorist attack using hazardous materials, city officials are redoubling efforts to protect against a chemical or biological assault.

The city has a plan to respond to any bioterrorism, but security experts and health officials said the city and federal government must do more.

"We can't forget about this threat once the World Trade Center attack cools off," said Stephen Morse, director of the Public Health Preparedness Center at Columbia University's Mailman School of Public Health. "We have to keep building our response system."

Some terrorist experts warn that biological and chemical attacks, such as the release of anthrax or the spraying of sarin gas, are the next frontier of terrorism.

Others downplay the likelihood of such warfare, saying biological agents are difficult to obtain and even harder to spread in a way that would infect large numbers of people.

Despite the uncertainty, New York officials have established a program designed to detect any sudden outbreak of disease.

Quietly, simulated attacks have been conducted to test response efforts.

Special squads of firefighters have been created to handle chemical incidents, though many of them are believed to have perished in the World Trade Center collapses.

Those squads, which usually respond to gas leaks and other possible poisonings, are equipped with chemical and biological agent detectors, nerve gas antidotes and protective suits. Squad members also are trained to summon trucks to decontaminate victims.

Experts warn that if terrorists were to succeed in unleashing smallpox or anthrax germs, the attack could go unnoticed for days.

Early detection of an outbreak is considered a key to New York's plan for treatment of bioterrorism victims and its

efforts to prevent the spread of any biochemical attack.

To that end, a computer system maintained by the city Office of Emergency Management evaluates daily input from 911 calls, hospital admissions, sales of flu medicine and other health data, according to Jerome Hauer, a security expert and former director of that city agency.

"If you see a spike in emergency room admissions, you can track it quickly and investigate it," he said. "It could be bad tuna fish at school or it could be something more threatening."

The Health Department also has trained emergency room workers and family doctors to report the appearance of odd diseases. That program helped the city recognize the presence of the West Nile virus in 1999.

## Mobilization planned

At the first recognition of an outbreak, health officials would mobilize trained staffers to interview sick people and physicians to determine where victims were exposed.

The city would activate up to 300 centers across the five boroughs to distribute antibiotics or antidotes. It also would activate alternative care sites so hospital beds could be reserved for the seriously ill.

Last week, the Greater New York Hospital Association conducted a seminar for hospital workers, and, officials said, the training will be expanded in the coming months.

"This needs to be done not just in hospitals, but for physicians in private practice," said Dr. Allan Rosenfield, dean of Columbia's Mailman School of Public Health. "In a lot of these cases, doctors aren't familiar with the agents, and that has to be a big part of the program."

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If an outbreak in the city turned out to be widespread, the federal government would get involved, quickly tapping into emergency medical warehouses at eight sites around the country.

Each of those federal facilities contains 50 tons of medical supplies — vaccines, syringes, IVs, antibiotics, antidotes, gas masks and ventilators — that can be rushed to attack locations.

### Taking no chances

Trucks loaded with such supplies — and enough medicine to treat 10,000 people for anthrax, the plague and other diseases — arrived in New York within hours of the Sept. 11 Trade Center attacks.

The attacks also triggered parts of the city's bioterrorism response plan. Within hours, a specially trained National Guard unit from upstate Scotia was testing for airborne chemical or biological agents. The city Health Department sent doctors to 15 sentinel hospitals to look out for unusual illnesses.

While the city is working hard to make sure that its response plan is adequate, any perception of readiness is speculative — public-safety agencies have never handled a large-scale biological or chemical assault.

"We shouldn't mislead people by saying how ready we are," said Dr. Rex Archer of Kansas City, Mo., who chairs a bioterrorism panel for a national group of health officials. "On a readiness scale of zero to 100, even the best-prepared cities like New York are probably a 10."

## BIOLOGICAL

### Anthrax

**Symptoms:** May at first resemble common cold; then breathing becomes difficult. Kills by putting body into shock, shutting respiratory system.

**Transmission:** Contact with infected animals or by aerosol; most deadly when inhaled. Not contagious.

**Incubation/time factor:** Symptoms can occur two days to six weeks after exposure.

**What stops it:** Antibiotics, usually Cipro, if given early. Vaccines (mostly for military) involve a series of six shots over many months. Other antibiotics may help.

### Botulinum toxin

**Symptoms:** First, blurred vision, then muscle weakness, paralysis, respiratory failure, death.

**Transmission:** Usually in food, through porous mucous membranes in mouth or digestive system. Botulism is the most poisonous substance known. Not contagious.

**Incubation/time factor:** Two hours to eight days; usually 12 to 72 hours.

**What stops it:** Prompt treatment with antitoxins. Vaccines in development appear to work against five of seven types of known botulism.

### Smallpox

**Symptoms:** Fever, fatigue, severe headache and backaches; sometimes stomach pain and delirium. Then a rash appears, blossoming into deep disfiguring blisters. Often fatal.

**Transmission:** Aerosol attack, then person to person or through contaminated bedclothes. Very contagious.

**Incubation/time factor:** 12 to 14 days.

**What stops it:** Vaccine, if given before or within four days of exposure. Seven million doses available in U.S., with 40 million more on the way. Side effects: One in 300,000 vaccinated people develops encephalitis.

### Plague

**Symptoms:** Fever, chills, trouble breathing, cough, bloody phlegm. Infection destroys organ function.

**Transmission:** Aerosol attack, which produces the especially deadly pneumonic plague — infection of the lungs.

**Incubation/time factor:** One to six days.

**What stops it:** Antibiotics such as streptomycin or gentamicin. A vaccine may be somewhat effective if given before exposure.

### Tularemia

**Symptoms:** High fever, then pneumonia and infection. Can kill by shutting the respiratory system.

**Transmission:** Animal and insect bites, direct ingestion of food or water. Not transmitted human to human.

**Incubation/time factor:** One to 14 days, but usually three to five days after exposure.

**What stops it:** Antibiotics such as doxycycline and ciprofloxacin. Vaccines provide some protection.

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