# Laboratory Response in the Commonwealth of Virginia to the Intentional Release of Bacillus anthracis



#### Denise A. Pettit

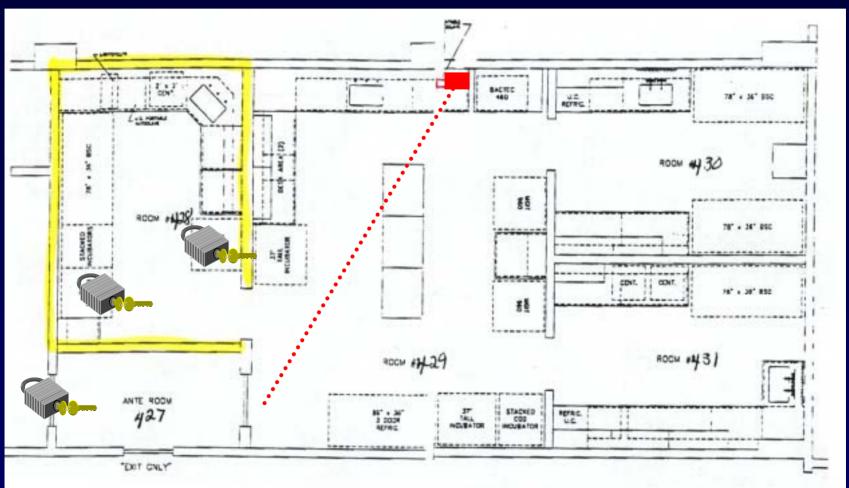
J.V. Carroll, E.M. Basinger, M.R. Ettinger, S.S. Walker, T.L. York, and J.L. Pearson
Commonwealth of Virginia
Division of Consolidated Laboratory Services



• 1999 Public Health Preparedness and Response to Bioterrorism Award

To enhance laboratory capacity for the detection of biological and chemical agents associated with terrorism







• 1999 Public Health Preparedness and Response to Bioterrorism Award

To enhance laboratory capacity for the detection of biological and chemical agents associated with terrorism

- Activities initiated
  - BSL 3 laboratory renovation
  - Establishment of the Laboratory Response Network in Virginia
    - Provided Level A laboratory training
    - Received Level B laboratory training



### Bioterrorism Laboratory Response Network

• Implementation and validation of protocols

Reagents

Level D Lab
CDC and
USAMRIID

Level C Lab BSL-3, A + B

Level B Lab - Capsule stain, γ phage lysis, DFA, real time PCR

Level A Labs - Presumptive ID gram stain, capsule stain, and motility



• 1999 Public Health Preparedness and Response to Bioterrorism Award

To enhance laboratory capacity for the detection of biological and chemical agents associated with terrorism

- Activities initiated
  - BSL 3 laboratory renovation
  - Establishment of the Laboratory Response Network in Virginia
  - Built partnerships with local, state, and federal agencies



#### Collaboration

- Federal
  - CDC
  - FBI
  - **DOD**
  - USAMRIID
  - DARPA
  - USDA
  - FDA
  - EPA
  - DOJ

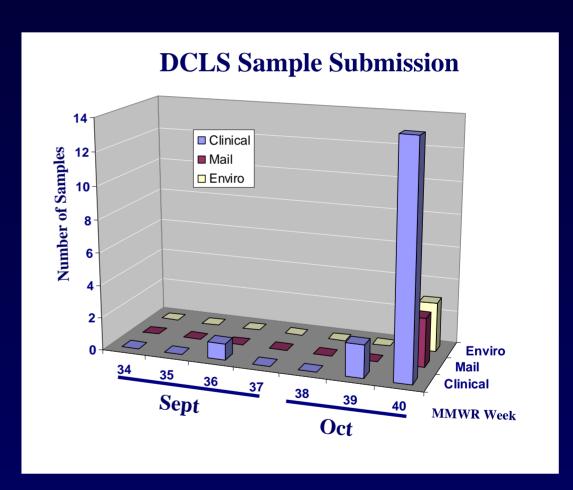
#### • Local/State

- Law Enforcement
- HAZMAT
- AG's Office
- Environmental CrimesTask Force
- FBI
- Fire Departments
- DEQ
- VDACS
- VDH
- National Guard



## The Test of Preparedness

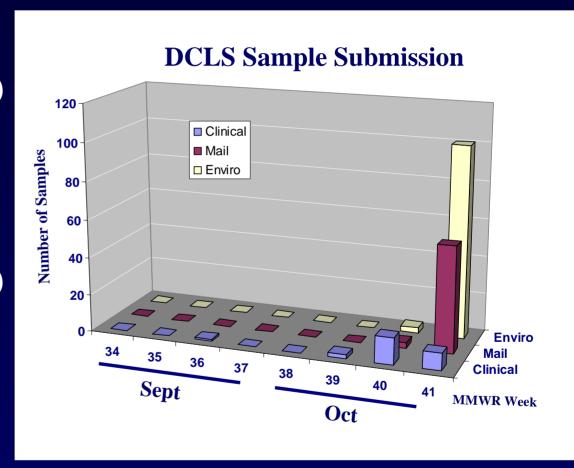
- October 4th (wk 39)
  - Florida resident
  - Inhalation anthrax
- October 9th (wk 40)
  - New York resident
  - Cutaneous anthrax





# The Test of Preparedness

- October 4th (wk 39)
  - Florida resident
  - Inhalation anthrax
- October 9th (wk 40)
  - New York resident
  - Cutaneous anthrax





## The Test of Preparedness



Bacillus anthracis
Vegetative cells

- October 16th
  - Letter to U.S. Senate office confirmed positive
- October 19th

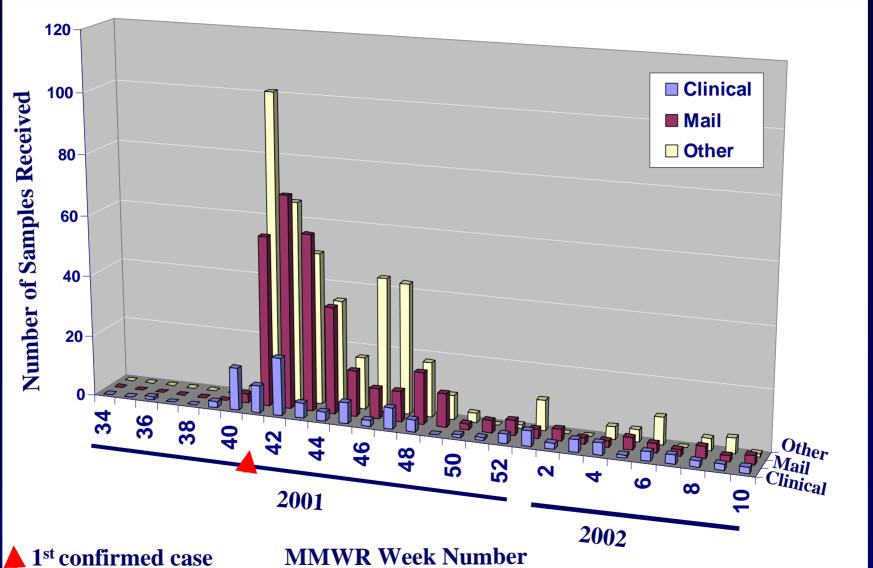
Enhanced regional surveillance activity identifies a suspicious patient

- October 20th
  - Level A presumptive positive
  - Level C confirmed positive



### **Sample Submission**

B. anthracis





# Clinical Isolate Analysis



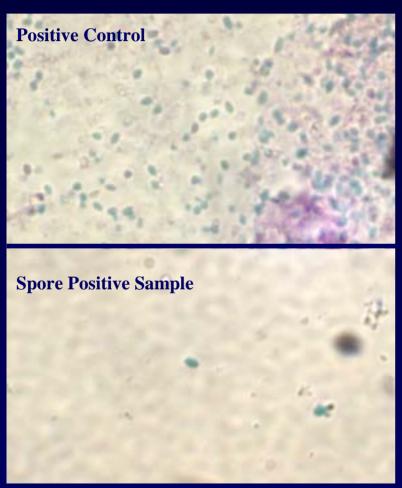


#### • 106 Clinical specimens

- 66 isolates from Level A labs
  - 3 B. anthracis confirmed
  - 19 *B. cereus*
  - 15 No *Bacillus* sp. recovered or unable to speciate
  - 9 B. subtilis
  - 9 *B. brevis*
  - 4 B. megatarium
  - 3 B. licheniformis
  - 2 B. circulans
  - 2 *B. firmus*
- 40 Specimens with NSG



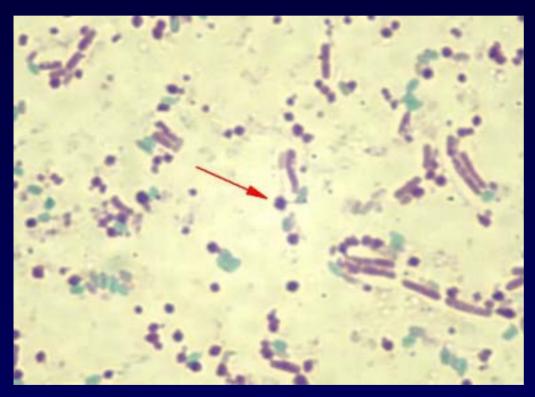
# Analysis of Mail



- 323 items analyzed
  - 317 No spores observed
  - 6 Spores detected
- Spore characterization
  - Real time PCR negative
  - Culture
    - GPR
    - Beta-hemolytic
    - Motile
    - B. cereus group



#### B. cereus vs. B. thuringiensis



Bacillus thuringiensis
Spores and parasporal crystals

- Parasporal crystal in B. thuringiensis
- Malachite green modification
  - Heat fix smear
  - Flood with 5% malachite green, steam
  - Rinse
  - Cover with 0.1% carbol fuchsin (30 sec)
  - Rinse



## **Analysis of Environmentals**

- 741 samples
  - 560 NSG
  - 181 GPR
    - 60 Beta-hemolytic
    - 121 Non-hemolytic (morphology indistinguishable from anthrax)
      - 40 Motile
      - 81 Non-motile
        - » Negative gamma phage
        - » Negative DFA
        - » Negative real time PCR
        - » Similar biochemical profiles



#### Protocols

- Sample submission
- Shipping and packaging
- Chain-of-custody

- Intake interview
- **Triage** (?)
- Evidence custodian
- Evidence rooms





#### • Protocols

- Sample submission
- Shipping and packaging
- Chain-of-custody

- Intake interview
- **Triage** (?)
- Evidence custodian
- Evidence rooms

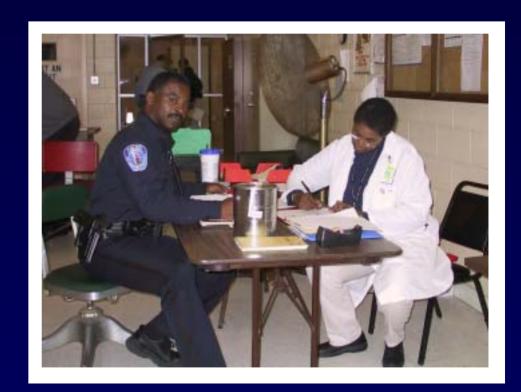




#### Protocols

- Sample submission
- Shipping and packaging
- Chain-of-custody

- Intake interview
- **Triage** (?)
- Evidence custodian
- Evidence rooms

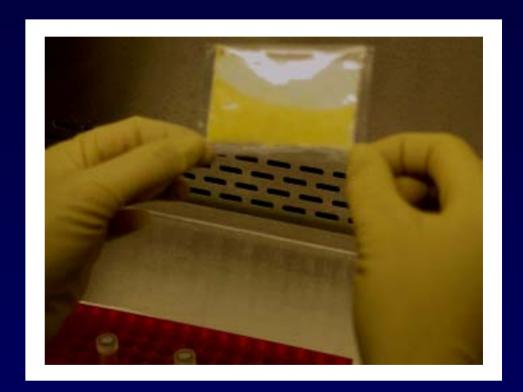




#### Protocols

- Sample submission
- Shipping and packaging
- Chain-of-custody

- Intake interview
- **Triage** (?)
- Evidence custodian
- Evidence rooms





#### Protocols

- Sample submission
- Shipping and packaging
- Chain-of-custody

- Intake interview
- **Triage** (?)
- Evidence custodian
- Evidence rooms





#### Protocols

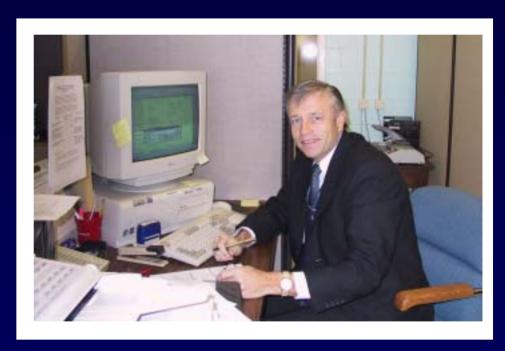
- Sample submission
- Shipping and packaging
- Chain-of-custody

- Intake interview
- **Triage** (?)
- Evidence custodian
- Evidence rooms





- Communications
  - Submitting agency
  - VDH
  - CDC
- Train additional staff
  - Management: emergency call
  - Scientists
- Sample storage
- Evidence return





- Communications
  - Submitting agency
  - VDH
  - CDC
- Train additional staff
  - Management: emergency call
  - Scientists
- Sample storage
- Evidence return





#### Summary of the VA Experience

- Over 800 samples were processed to identify or confirm the presence or absence of *B. anthracis*.
- 3 of 66 clinical isolates submitted from Level A Laboratories were confirmed to be *B. anthracis*.
- B. anthracis spores were not identified in any environmental samples submitted.
- Parasporal crystals were identified in 8 environmental samples.
- Characterization of significant environmental isolates revealed no clinically significant *Bacillus* species.



## Acknowledgements

- DCLS Staff
- Centers for Disease Control and Prevention
- Association of Public Health Laboratories
- Virginia Department of Health
- Local, State and Federal Partners



Dr. Jim Pearson, Director Dr. Dee Pettit 1 North 14th Street Richmond, Virginia 23219 jpearson@dgs.state.va.us dpettit@dgs.state.va.us