

This is an Official CDC HAN ADVISORY

Forwarded by the State of Montana DPHHS HAN System

Distributed via the DPHHS Health Alert Network (HAN) System
Thursday March 03, 2008 8:35 AM

TOPIC: CDC Alert on Ricin

Action Requested: DPHHS is forwarding this information to local health agencies to provide information on ricin. The message was originally sent from CDC on the evening of Friday, February 29th, 2008. DPHHS does not recommend forwarding this information to your providers at this time and no acknowledgement of this message is required.

Background: Please see CDC Advisory below for information on ricin. This message was forwarded to provide local jurisdictions with basic information in the event questions regarding this topic are asked. DPHHS does not recommend forwarding this information to local providers at this time. The Montana Public Health Laboratory has the ability to test for ricin if necessary. For more information on testing for ricin call the lab at 1-800-821-7284.

For More Information: Contact the DPHHS Emergency Preparedness Program at 444-0919.

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CDC Health Advisory

Distributed via Health Alert Network

February 29, 2008, 22:40 EST (10:40 PM EST)
CDCHAN-00272-08-02-29-ADV-N

CDC Alert on Ricin

The Centers for Disease Control and Prevention (CDC) is working collaboratively with the Southern Nevada Health District's Environmental Health Division, the FBI, and other public health and law enforcement agencies to investigate a case of possible ricin exposure in Las Vegas. Preliminary results of environmental testing at laboratories in Nevada have tested positive for ricin. Ricin is a potent biologic toxin that is derived from castor beans.

Clinical Description for Ricin Exposure by Ingestion

Ingestion of ricin typically leads to profuse vomiting and diarrhea, which might be bloody, followed by hypovolemic shock and multisystem organ dysfunction. Weakness and influenza-like symptoms, fever, myalgia, and arthralgia might also be reported.

Clinical Description for Ricin Exposure by Inhalation

Inhalation of ricin typically leads to cough and respiratory distress followed by pulmonary edema, respiratory failure, and multisystem organ dysfunction. Weakness and influenza-like symptoms of fever, myalgia, and arthralgia might also be reported.

Case Classification

- *Suspected.* A case in which a potentially exposed person is being evaluated by health-care workers or public health officials for poisoning by a particular chemical agent, but no specific credible threat exists.
- *Probable.* A clinically compatible case in which a high index of suspicion (credible threat or patient history regarding location and time) exists for ricin exposure, or an epidemiologic link exists between this case and a laboratory-confirmed case.
- *Confirmed.* A clinically compatible case in which laboratory tests have confirmed exposure. The case can be confirmed if laboratory testing was not performed because either a predominant amount of clinical and nonspecific laboratory evidence of a particular chemical was present or a 100% certainty of the etiology of the agent is known.

Laboratory Testing for Ricin

Two types of laboratory testing are available for suspected ricin exposures:

- *Environmental.* Detection of ricin in environmental samples, as determined by CDC (for suspected exposures from the environment) or FDA (for suspected exposures from food or medication). Ricin can be detected qualitatively by time-resolved fluoroimmunoassay (TRFIA) and polymerase chain reaction (PCR) in environmental specimens (e.g., filters, swabs, or wipes).
- *Biologic.* CDC can assess selected specimens on a provisional basis for urinary ricinine, an alkaloid in the castor bean plant. Urinary ricinine testing is the only clinical test for ricin exposure available at CDC.

More information about clinical descriptions, case classifications, and laboratory testing can be found at MMWR January 14, 2005 / 54(RR01); 1-24. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5401a1.htm>

CDC requests that public health officials and clinicians who encounter patients with symptoms consistent with ricin poisoning report these cases to the CDC Emergency Operations Center, telephone 770-488-7100. The local poison control center (PCC) should also be contacted at 1-800-222-1222 to report cases. Medical personnel are available at PCCs to provide specific advice on treatment and management of ricin poisoning if needed.

For additional information about ricin including signs, symptoms, and treatment, please visit CDC's website at <http://www.bt.cdc.gov/agent/ricin/index.asp>, call 1-800-CDCINFO (TTY 888-232-6348), or email cdcinfo@cdc.gov.

For additional clinical information see <http://emergency.cdc.gov/agent/ricin/hp.asp>.

Categories of Health Alert messages:

Health Alert conveys the highest level of importance; warrants immediate action or attention.

Health Advisory provides important information for a specific incident or situation; may not require immediate action.

Health Update provides updated information regarding an incident or situation; unlikely to require immediate action.

##This Message was distributed to State and Local Health Officers, Epidemiologists, State Laboratory Directors, PHEP Coordinators, HAN Coordinators and Public Information Officers as well as Public Health Associations and Clinician organizations##

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The goal of Montana's Health Alert Network is to transmit information to local public health authorities as quickly as possible, and assign a suitable priority to the message that is sensitive to the impact of a health-related event providing information relative to the public health and safety of Montanans. For questions or comments relative to Montana's HAN system you may contact the DPHHS HAN Coordinator, Gerry Wheat at <<mailto:gwheat@mt.gov>>

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