

Public Safety Fact Sheet

A publication of the Washington County Anti-Terrorism Advisory Committee

In response to recent world and national events, representatives from police and fire agencies, local governments, health officials and emergency managers within Washington County have increased coordination and communication. The goal of this effort, known as the Anti-Terrorism Advisory Committee (ATAC), is to help ensure an effective countywide response to a major public safety incident. Additionally, ATAC is committed to enhancing public safety by educating the community on topics of public interest and concern through an on-going series of informational fact sheets.

Background

Recent events have heightened our awareness of smallpox. Currently, there is no information suggesting that a smallpox outbreak is forthcoming. With that in mind, local health and safety officials remind citizens to be informed, but not overcome by fear. Below is some basic information on smallpox. For a more comprehensive view, visit the Centers for Disease Control and Prevention (CDC) website at www.bt.cdc.gov.

Local Terrorism Preparedness

Although the risk of an outbreak attack is small at this time, much is being done in Washington County to be prepared. Washington County's Anti-Terrorism Advisory Committee (ATAC) – a group of representatives from police, fire, local government, public health, and emergency management – meets on a regular basis. The group is developing smallpox operational guidelines (*response protocols and protective equipment recommendations*), as well as quarantine and vaccination procedures. The group is also coordinating information on grant opportunities to help fund public safety, terrorism preparedness activities.

Smallpox Background

The last naturally acquired case of smallpox occurred in 1977. Although routine vaccinations for the general public ended in 1972, the CDC maintains an emergency supply of vaccine that can be released, if necessary. The *variola* virus causes smallpox. Smallpox patients are most infectious during the first week of the rash, when patients have sores in their mouths. The virus is spread through close contact with an infected person by breathing, coughing, or talking. Contaminated clothing or bedding can also spread the virus. The incubation period is about 12 days (7-17 day range) following exposure. Initial symptoms include high fever, fatigue, headache, and backache. A characteristic rash, mostly on the face, forearms and mouth, follows in 2-3 days. The rash begins as flat red lesions that rapidly become pus-filled, crusting early in the second week. A person remains infectious until all scabs fall off (3 or 4 weeks from the onset of the rash).

Treatment

There is no cure for smallpox, but research on new antiviral agents is ongoing. **Vaccination** and **medical isolation** (quarantine) are the strategies for preventing and controlling the spread of smallpox. If the vaccine is given within 4 days after exposure, it provides significant protection from smallpox. If an outbreak occurs, public health and law enforcement officials may quarantine patients with suspected or confirmed smallpox. In addition, a vaccination will be recommended for all individuals in close contact with an infected person. Important information will be broadcast via local media. The smallpox vaccine is generally considered safe, but serious complications, including death, can occur in a small, but significant percentage of recipients.

For More Information

- Visit the Centers for Disease Control and Prevention (CDC) website: www.cdc.gov (*Smallpox Home Page*)
- Contact Washington County Health and Human Services: (503) 846-3594
- Call your personal physician

