

This information is current as of the date faxed and for the patient specified ONLY. Do not use this information for other patients without contacting the Poison Center at 1-800-222-1222.

STAPHYLOCOCCAL ENTEROTOXIN B: Health Care Information

Staphylococcal enterotoxin B (SEB) is a toxin that is produced by *Staphylococcus aureus* and has been extensively studied and manufactured as a military weapon. SEB is not used in industry but may be intentionally released as an aerosol or vapor or introduced into the water/food supply. Once absorbed, the toxin stimulates the production of inflammatory mediators.

Recognition and Triage: SEB may produce an **initial asymptomatic period that may last up to 12 hours**, followed by **acute onset of fever, myalgias, headache, nausea, vomiting, anorexia, cough, dyspnea and pneumonitis**. Laboratory results may reveal a leukocytosis. Patients may be triaged as follows:

Immediate: Hypotension, severe dyspnea, high fever

Minor: Vomiting, mild dyspnea

Delayed: Asymptomatic

Personal Protective Equipment (PPE) (at the health care site): Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment) and a filtered air respirator. Personnel treating patients who have already been decontaminated require no PPE other than universal precautions.

Decontamination (at the health care site): Sufficient decontamination includes removal of ALL clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes.

Diagnosis and Treatment: Treatment is supportive. **Oxygen** may be required for hypoxemia.

Bronchodilators (e.g., albuterol) may be used for wheezing or cough. **Acetaminophen** and **anti-emetics** may be used for fever and vomiting. Contact the **Poison Center (1 800 222 1222)** for specific questions or advice on individual patients.

The diagnosis is clinical. In unknown events, draw and send 3 purple top and one green (or gray) top tube of blood and **25mL of urine** to the OR State Health Lab (see attached chemical specimen collection form).

Patient Monitoring: Continuous monitoring of pulse oximetry, blood pressure and heart rate is necessary in patients with severe symptoms.

Disposition Criteria (when to send patient home): Patients who are initially asymptomatic may develop severe symptoms over 3 to 12 hours. All patients require observation for at least 12 hours. Those who are discharged should be instructed to return for symptoms including fever, vomiting and lightheadedness.

Reporting/Coordination Link: Call the Poison Center (**1 800 222 1222**) for information on specific patients. Contact the local or state public health authority (**Oregon Public Health Hotline: 1 800 805 2313**) to report a mass casualty incident.

Please review the CDC Collection Protocol, which should be included with this FAX.