



Centers for Disease Control and Prevention  
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## National Notifiable Diseases Surveillance System (NNDSS)

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### *Anthrax (Bacillus anthracis)*

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#### 2010 Case Definition

#### **CSTE Position Statement(s)**

09-ID-10

#### **Clinical Description**

##### Cutaneous Anthrax:

An acute illness, or post-mortem examination revealing a painless skin lesion developing over 2 to 6 days from a papular through a vesicular stage into a depressed black eschar with surrounding edema. Fever, malaise and lymphadenopathy may accompany the lesion.

##### Inhalation Anthrax:

An acute illness, or post-mortem examination revealing a prodrome resembling a viral respiratory illness, followed by hypoxia, dyspnea or acute respiratory distress with resulting cyanosis and shock. Radiological evidence of mediastinal widening or pleural effusion is common.

##### Gastrointestinal Anthrax:

An acute illness, or post-mortem examination revealing severe abdominal pain and tenderness, nausea, vomiting, hematemesis, bloody diarrhea, anorexia, fever, abdominal swelling and septicemia.

##### Oropharyngeal Anthrax:

An acute illness, or post-mortem examination revealing a painless mucosal lesion in the oral cavity or oropharynx, with cervical adenopathy, edema, pharyngitis, fever, and possibly septicemia.

##### Meningeal Anthrax:

An acute illness, or post-mortem examination revealing fever, convulsions, coma, or meningeal signs. Signs of another form will likely be evident as this syndrome is usually secondary to the above syndromes.

#### **Case Classification**

##### **Suspected**

An illness suggestive of one of the known anthrax clinical forms. No definitive, presumptive, or suggestive laboratory evidence of *Bacillus anthracis*, or epidemiologic evidence relating it to anthrax.

## Probable

A clinically compatible illness that does not meet the confirmed case definition, but with one of the following:

- Epidemiological link to a documented anthrax environmental exposure;
- Evidence of *B. anthracis* DNA (for example, by Laboratory Response Network [LRN]-validated polymerase chain reaction) in clinical specimens collected from a normally sterile site (such as blood or cerebrospinal fluid [CSF]) or lesion of other affected tissue (skin, pulmonary, reticuloendothelial, or gastrointestinal);
- Positive result on testing of clinical serum specimens using the QuickELISA™ (enzyme-linked immunosorbent assay) Anthrax-PA (protective antigen) kit;
- Detection of Lethal Factor (LF) in clinical serum specimens by LF mass spectrometry;
- Positive result on testing of culture from clinical specimens with the RedLine Alert test.

## Confirmed

A clinically compatible illness with one of the following:

- Culture and identification of *B. anthracis* from clinical specimens by the LRN;
- Demonstration of *B. anthracis* antigens in tissues by immunohistochemical staining using both *B. anthracis* cell wall and capsule monoclonal antibodies;
- Evidence of a four-fold rise in antibodies to protective antigen between acute and convalescent sera or a fourfold change in antibodies to protective antigen in paired convalescent sera using Centers for Disease Control and Prevention (CDC) quantitative anti-PA immunoglobulin G (IgG) ELISA testing;
- Documented anthrax environmental exposure AND evidence of *B. anthracis* DNA (for example, by LRN-validated polymerase chain reaction) in clinical specimens collected from a normally sterile site (such as blood or CSF) or lesion of other affected tissue (skin, pulmonary, reticuloendothelial, or gastrointestinal).

## Related Case Definition(s)

- [1996, January Case Definition \(casedef.aspx?CondYrID=608&DatePub=1/1/1996 12:00:00 AM\)](#)
- [1990, January Case Definition \(casedef.aspx?CondYrID=607&DatePub=1/1/1990 12:00:00 AM\)](#)

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