

## Are we ready for bioterrorism? Health personnel were affected by contaminated meat that cooked at daily routine hospital kitchen.

### INTRODUCTION AND AIM

Salmonellae are gram-negative motile bacilli. The transmission of salmonellae to a susceptible host usually occurs via consumption of contaminated foods. The most common sources of salmonellae include beef, poultry, and eggs. Most people infected with Salmonella develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts 4 to 7 days, and most persons recover without treatment. However, in some persons, the diarrhea may be so severe that the patient needs to be hospitalized.



### CASE PRESENTATION

Last week at our hospital 310 health personnel were contaminated from lunch that cooked at our hospital kitchen. At that day 70 patients came to emergency department especially for complaints of vomiting, fever and diarrhea. At these two days we were cancelled all surgical operations. At the second day we followed 80 patients and third day 150 patients come to our emergency services. Our emergency services and intensive care units were blocked because of personnel illness. Contaminated health personnel were more from anesthesiology and emergency departments. We took an examination to whole patients, got blood tests and stool stains and cultures. Because of this mass casualty contamination our infection control committee gave formal information that suspicious of Salmonellosis. 13 of 310 infected health personnel were hospitalized. They got intravenous saline and electrolytes support like calcium and potassium. After two days we got results of stool cultures, there was inoculation of Salmonella types. None of them died.

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### DISCUSSION

We realized that we are not ready for mass casualty incidents like this contamination. Because our patient flow was really blocked. We had to call out new doctors and nurses from different hospital staffs. Especially for health personnel effected situations, hospital directors and head of disaster plan, they have to get real solution programs. After this like bioterrorism conditions, we suddenly have to put in place hospital disaster plans via beginning of decontamination.



### CONCLUSION

This situation made us to recognize bioterrorism agents like Salmonella types. Not only hospitals we have to raise awareness of community about chemical, biological, radiological and nuclear agents attacks. We have to give lessons to health personnel and our population.



**REFERENCES:** Randy D. Kearns, corresponding author Brent Myers, Charles B. Cairns, Preston B. Rich, C. Scott Hultman, Anthony G. Charles, et al. Hospital Bioterrorism Planning and Burn Surge. *Biosecur Bioterror*. 2014 Feb 1; 12(1): 20–28. doi: 10.1089/bsp.2013.0065.

