#### 42<sup>nd</sup> Interscience Conference on Antimicrobial Agents and Chemotherapy

Nancy Khardori, M.D. Convener:

**Faculty** 

Nancy Khardori, M.D., Ph.D. – Overview, Anthrax

David Carpenter, Ph.D. - Laboratory Diagnosis of Biological Weapons

Subhash Chaudhary, M.D. - Biological Terrorism -Care of Children

Janak Koirala, M.D., M.P.H - Botulism and Tularemia James Goodrich, Ph.D., M.D. - Small Pox,

Viral Hemorrhagic Fevers

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Biological Warfare Agents
Agents of Biological Terrorism
Biothreat Agents
Critical Biological Agents
Bioweapons – Bioterrorism
Antibioterrorism Measures

Biodefense - Biosafety
Biocrimes

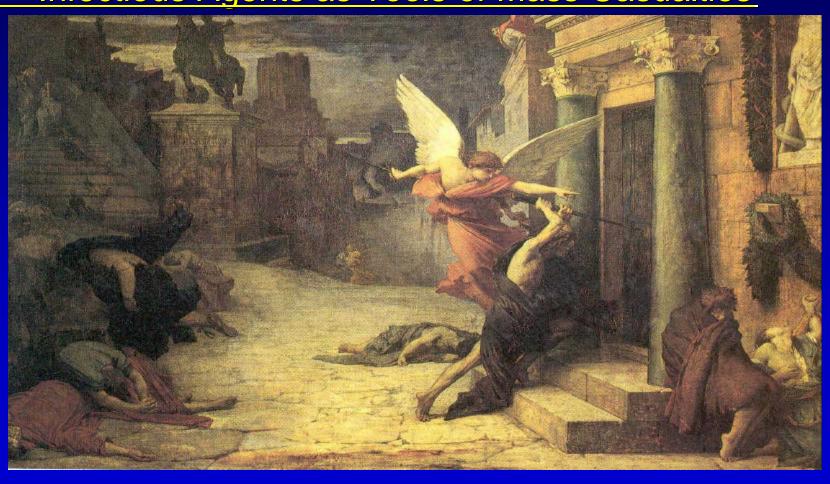
- "Infectious Disease is one of the few genuine adventures left in the world."
- "Infectious Disease is one of the great tragedies of living things the struggle for existence between different forms of life . . Incessantly the pitiless war goes on, without quarter or armistice a nationalism of species against species."

Hans Zinsser- Rats, Lice and History (1934)

Infectious Agents as Tools of Mass Casualties

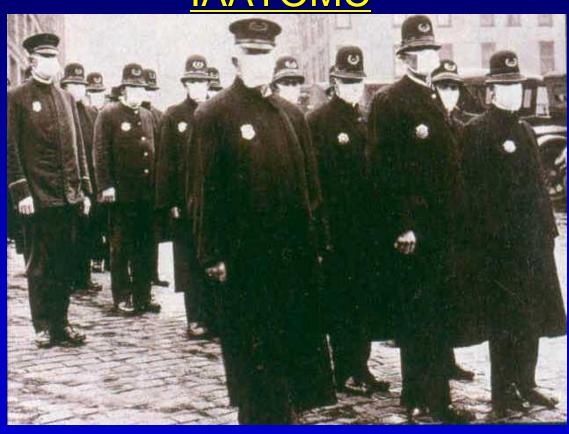
- Bubonic plague killed a quarter (approx. 25 million) of the European population in the 14th century)
- Small pox, measles, plague, typhus and influenza Estimated to kill 95% of pre-Colombian native American populations.

#### OVERVIEW OF POTENTIAL AGENTS OF BIOTERRORISM Infectious Agents as Tools of Mass Casualties



Influenza Pandemic killed 21 million people between 1918 - 1919

**IAATOMC** 

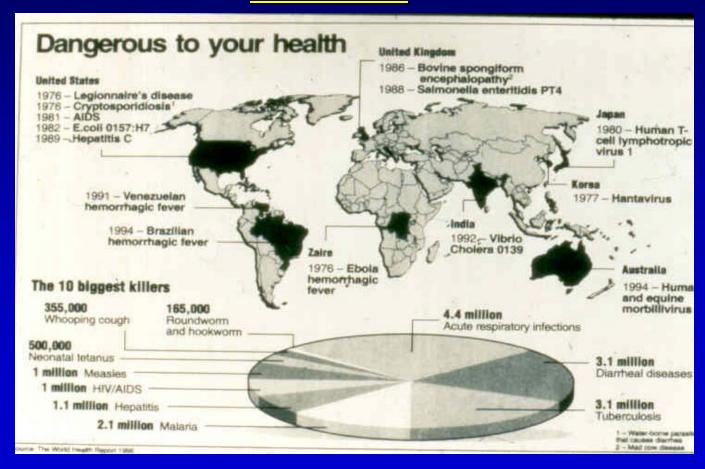


#### <u>IAATOMC</u>

In the US, approximately 170,000 people die from infectious diseases each year

Worldwide Infectious Diseases remain the major causes of death

#### **IAATOMC**



#### <u>IAATOMC</u>

- Global nature and impact of Infectious Diseases threats
- "The threat of bioterrorism and the spread of Infectious Diseases"

US Senate Committee on Foreign Relations Heyman, WHO, September 5, 2001

#### **Definition**

Bioterrorism "The intentional release of viruses, bacteria or toxins for the purpose of harming and killing civilians."

**CDC July, 2001** 

#### Bioterrorism, National Security, and Law

Bioterrorism - "The intentional use of a pathogen or biological product to cause harm to a human, animal, plant or other living organism to influence the conduct of government or to intimidate or coerce a civilian population."

Gostin et al, JAMA, August 7, 2002

#### Bioterrorism, National Security, and Law

The Model State Emergency Health Powers Act (MSEHPA)

JAMA, August 7, 2002

#### Bioterrorism, National Security, and Law

- ∠ Public Health Security and Bioterrorism Preparedness and Response Act of 2002
- ∠ Public Law 107 188, June 12, 2002
- Title II To balance Public Health concerns over safety and security with need to protect legitimate scientific research and diagnostic testing

#### Bioterrorism, National Security, and Law

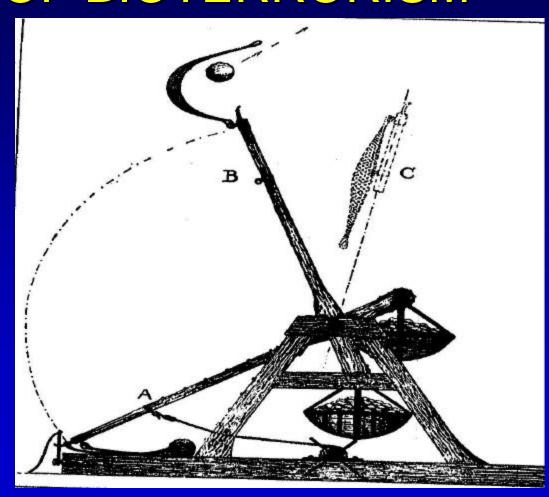
- ✓ New provisions for the possession, use and transfer of select agents
- Responsible Facility Official (RFO) Reporting
  - CDC and ASM, May August, 2002

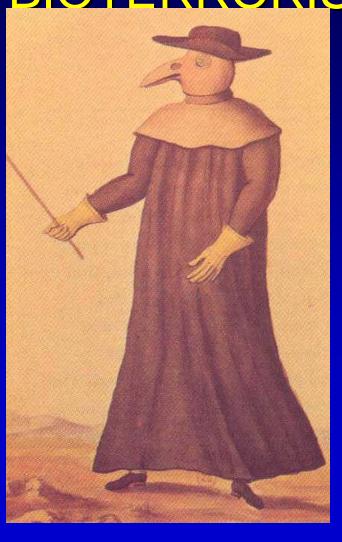
#### Bioterrorism, National Security, and Law

- Disease Reporting Laws
- Journal of Law, Medicine and ethics, 30:262-266, 2002

#### Historical Perspective and Trends Related to Bioterrorism

- One of the first recorded events 184 BC
- Carthaginian soldiers used snakes against King Eumenes
- Catapults Plague infected bodies into Kaffa 1346
- Diseased human and animal corpses





Historical Perspective and Trends

Related to Bioterrorism

1763 — British Forces – Small pox

1877 — Koch's Postulates

1910's — Germany-Anthrax and Glanders

Historical Perspective and Trends

Related to Bioterrorism

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Japanese - Plague
1940's
Weather Underground - ??
R.I.S.E. - Typhoid, Diphtheria, dysentery, meningitis
Bulgarian defector - Ricin
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#### <u>Historical Perspective and Trends</u>

#### Related to Bioterrorism

1979 — Accidental release - Anthrax, USSR

1980 — Red Army – Botulism ??

1984 — Rajneeshees - Salmonella

1991 — Minnesota Patriots Council - Ricin

Historical Perspective and Trends

#### Related to Bioterrorism

1995 — Aum Shinrikyo - Anthrax, botulism,

Q fever, Ebola

1996 — Laboratory Workers - Shigella

1998 — L.W. Harris - Anthrax

2001 — US Postal System - Anthrax

Historical Perspective and Trends
Related to Bioterrorism

The snakes to catapults to fleas

To

capsomers

#### Chronology of Antibioterrorism (Biosafety) Actions

- The Biological and Toxin Weapons Convention (BWC) 1972\*
- The Draft Protocol to Strengthen the BWC July, 2001

<sup>\*143</sup> states and 18 signatories

The US Program

Offensive Biological Program – 1942

The War Reserve Service

Expanded During Korean War – 1950 – 1952

Simulants released in New York City, San Francisco etc. 1949 – 1968

Nosocomial epidemic – 1950 – 1951 of S. marcescens UTI

Termination of Program – 1969 – 1970

Defensive Program Against Biological Weapons - 1953 USAMRIID – Ft. Detrick, Maryland

The US Program – Agents Used

Weaponized

Lethal Agents Incapacitating Agents

Bacillus anthracis Brucella suis

Botulinum toxin Coxiella burnetii

Francisella tularensis Staphylococcus Enterotoxin B

Venezuelan equine -

**Encephalitis virus** 

The US Program – Agents Used Stockpiled but not Weaponized

Anticrop Agents
Rice blast
Rye stem rust
Wheat stem rust

#### Repositories and Sources (Pre BWC)

- Soviet Union Experimental Work 1920's
- Post War Military Building programs

The Soviet Union

The Allied Biological Weapons Program

#### Repositories and Sources (Post BWC)

- Biopreparat Soviet Politburo 1973 1974
- ✓ Iraq's Biological Weapons Program 1974
- ✓ Vector in Kottsovo, Novosibirsk visited 1997
- Obolensk in Moscow, visited 2000
- Estimated 10 (possibly 17) nations possess BWAs

#### Repositories and Sources (Post BWC)

- Well financed organizations Aum Shinrikyo
- Smaller less sophisticated organizations -Rajneeshees
- Smaller groups R.I.S.E. Weather Underground
- Individuals Larry Wayne Harris

**The Threat** 

Biological Weapons System

Payload - The agent itself

Munition - Protects and maintains potency

**Delivery System** 

Missiles

Vehicles

**Artillery Shells** 

Aerosol sprays

**Dispersion System** 

**Explosives** 

**Food and Water** 

#### The "Favorable" Characteristics

- ≤ 600 to 2000 times cheaper than other weapons
   of mass destruction
- 0.05% the cost of a conventional weapon to produce similar number of mass casualties per square kilometers
- Technology common and easy
- Delivery systems easily available

The "Favorable" Characteristics

- Aerosols The most effective means of dispersion
- ∠Invisible, silent, odorless, tasteless

#### The "Favorable" Characteristics

- Incubation period the natural lead time
- Confusion between sporadic/endemic disease and bioterrorism
- Secondary or tertiary transmission person to person and vectors

#### Consequences of Biological Weapons' Use

- ✓ Mass effect 1 kg anthrax can kill 100,000 people
- Overwhelmed services and health care system
- Delayed diagnosis unfamiliarity
- High morbidity and mortality
- Economic impact (26.2 billion/100,000 persons exposed to anthrax)
- Psychological impact
- Long term effects

Types of Bioterrorism Attacks

- Overt versus covert (more likely)
- Announced versus unannounced (more likely)

"First Responders"— Health care providers for identification

**Traditional** 

#### Clues to a Potential Bioterrorism Attack

- Outbreak of rare or new disease
- Non-endemic distribution
- Off season occurrence
- Unusual epidemiology, clinical presentation, age distribution, antimicrobial resistance
- Genetically identical pathogens in geographically different areas

Category A - Potential Agents of Bioterrorism

Highest priority agents that pose a threat to national security because they -

- Can be easily disseminated or transmitted person to person
- Cause high mortality
- Can cause public panic and social disruption
- Require special action for Public Health preparedness

Category A - Potential Agents of Bioterrorism

Agent Disease

Bacillus anthracis Anthrax

Clostridium botulinum Botulism

Fransciella tulareusis Tularemia

Yersinia pestis Plague

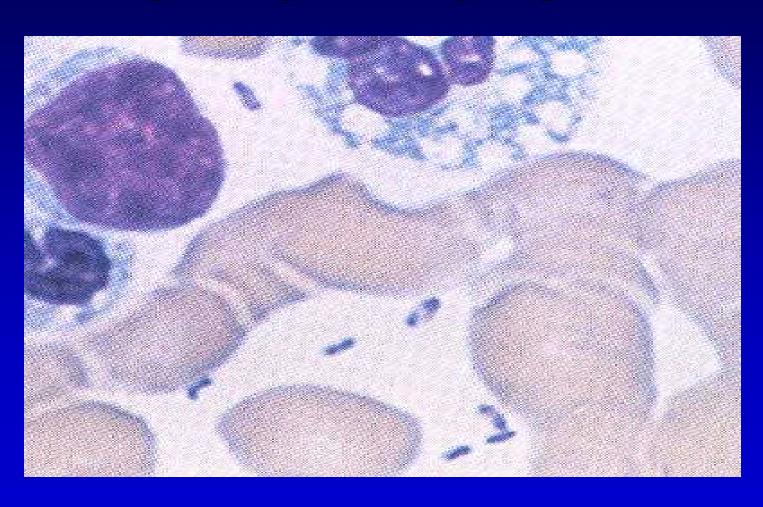
Variola major Small pox

Vector borne viruses Viral hemorrhagic fever

Plague - Yersinia pestis

### Microbiology

- Family enterobacteriaceae and genus Yersinia
- Grows on blood agar and MacConkey agar
- Gram negative bipolar staining coccobacilli
  - non motile, non sporulating



Plague - Yersinia pestis

### <u>Microbiology</u>

- Non-lactose fermenting
- Microaerophilic, indole, oxidase and urease negative

Plague - Yersinia pestis

### **Epidemiology**

- Maintained in nature as a zoonotic infection in rodent hosts and fleas
- Epidemic bubonic plague described in biblical and medieval times
- Killed one fourth of Europe's population in the middle ages

Plague - Yersinia pestis

#### **Epidemiology**

- Most recent pandemic at the turn of 20th century originated in China
- Large outbreaks of pneumonic plague in Manchuria and India -1910 - 1911 and 1920 - 1921
- Infected fleas released by Japan in Chinese cities -1930's and 1940's
- Investigated as a biological weapon by Japan during WW II
- Studied by the US in the 1950's
- Other countries suspected of weaponizing plague

Plague - Yersinia pestis

### **Transmission**

- Contact (bite) with fleas
- Skin to regional lymph nodes
- Bacteremia, septicemia and endotoxemia
- Shock, DIC and coma
- Respiratory droplets from animals
- Respiratory droplets from infected humans

Plague - Yersinia pestis

### **Clinical Presentations**

- ∠ Classical Bubonic plague 84%\* (14%)\*\*
- ✓ Primary septicemic plague 13%\* (22%)\*\*
- ✓ Primary Pneumonic plague 2%\* (57%)\*\*

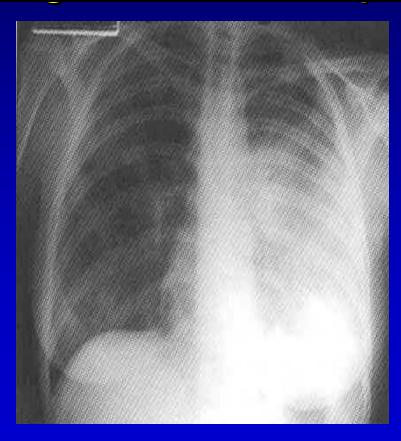
\*US cases 1947 - 1996

\*\* Mortality rate

# OVERVIEW OF POTENTIAL AGENTS OF BIOTERRORISM Plague - Yersinia pestis



Plague - Yersinia pestis



Plague - Yersinia pestis





Plague - Yersinia pestis

### **Clinical Presentations**

- Secondary septicemic plague
- Secondary pneumonic plague 12% of US cases over last 50 years
- Plague meningitis
- Plague pharyngitis

Plague - Yersinia pestis

### Natural Disease Versus Bioterrorism

- Primary pneumonic plague most likely\*
- Exposure to symptoms 1 6 (2 4) days
- Fever, cough, dyspnea
- Bloody, watery or purulent sputum\*
- Prominent GI symptoms\*\*
- \*Hemoptysis strongly suggests plague versus anthrax
- \*\*2 recent cases contracted from cats

Plague - Yersinia pestis

Laboratory Diagnosis - Level A to Level B or C Lab

- Smear\* and culture Blood, respiratory secretions, CSF
- Acute and convalescent serology EIA, PHA, PHIA detect antibody to F1 antigen
- Rapid Diagnostic Tests Antigen, IGM EIA, Immunostaining, PCR
- \*DFA, if available, Gram, Wright, Giemsa or Wayson

Plague - Yersinia pestis

Antimicrobial Therapy

Streptomycin or Gentamicin

Tetracycline or Doxycycline

Fluoroquinolones - In vitro and animal studies

Chloramphenicol - Meningitis

TMP/SMX - Sulfonamides only

Plague - Yersinia pestis

#### **Antimicrobial Resistance**

- Rifampin, Aztreonam, Ceftazidime, Cefotetan and Cefazolin
- Rare natural resistance to tetracyclines
- Quinolone resistance
- Multidrug resistance Plasmid mediated
- Multidrug resistance Engineered??

Plague - Yersinia pestis

### Post Exposure Chemoprophylaxis

- Contact with a patient at less than 2 meters
- Prophylaxis for 7 days
- Doxycycline First choice
- Tetracycline, sulfonamides, chloramphenicol
- Fluoroquinolones studies in mice

Plague - Yersinia pestis

### **Vaccination**

- ∠Killed whole cell vaccine
  US 1946 1998
- Fusion Protein vaccine (F1-V antigen)
  USAMRIID Mice to primates

#### Plague - Yersinia pestis

#### Infection Control Procedures

- Standard precautions for bubonic plague
- Strict isolation with droplet precautions for pneumonic plague -48 hours of antibiotics/culture negative
- Surgical masks, gown, gloves, eye protection HEPAF masks and negative pressure room - for aerosol generating procedures
- Dead bodies routine strict precautions
- No need for environmental decontamination
- Rodent control measures, flea insecticides and flea barriers

### Category B - Potential Agents of Bioterrorism

Second highest priority agents because they

- Are moderately easy to disseminate
- Cause moderate morbidity and low mortality
- Require specific enhancement of CDC's diagnostic capacity and enhanced disease surveillance

Category B - Bacterial Agents of Bioterrorism

Agent Disease

Coxiella burnetti Q Fever

Brucella species Brucellosis

Burkholderia mallei Glanders

Burkholderia pseudomallei Melioidosis

Rickettsia prowazekii Typhus Fever

Chlamydia psittaci Psittacosis

#### Q Fever - Coxieilla burnetti

#### Microbiology/Epidemiology

- Rickettsial organism World wide zoonosis
- Cattle, sheep and goats most common reservoirs
- Dogs, cats and birds
- No disease in infected animals
- Large number of organisms in body fluids
- Especially large number in placenta

Q Fever - Coxieilla burnetti

### **Transmission**

- Resistant to heat and desiccation
- Highly infectious by aerosol single organism
- Human infection Inhalation
- Raw milk or fresh goat cheese

Q Fever - Coxieilla burnetti

### **Clinical Features**

- ✓ Incubation period 2 14 days
- ✓ Febrile illness
- Differential diagnosis Atypical pneumonia, HPS, Tularemia, plague
- Culture negative endocarditis, chronic hepatitis, aseptic meningitis, encephalitis, osteomyelitis

Q Fever - Coxieilla burnetti

Natural Disease versus Bioterrorism

- Similar clinical presentation
- Incapacitating biowarfare agent

Q Fever - Coxieilla burnetti

### **Laboratory Diagnosis**

- ∠ IgM antibodies by ELISA Diagnostic
- May detect by second week of illness
- ∠ IFA, ELISA and CFT Reference laboratories
- Difficult to isolate

#### Q Fever - Coxieilla burnetti

#### Antimicrobial Therapy

- All cases treated to prevent complications
- ✓ Tetracycline or doxycycline for 5 7 days
- Erythromycin, Azithromycin and Clarithromycin?
- Tetracycline or Doxycycline

+

TMP/SMX or Rifampin

Valve replacement

> 12 months for endocarditis

Q Fever - Coxieilla burnetti

Post Exposure Chemoprophylaxis

- Immediate (1 7 days) Not effective May prolong the onset of disease

Q Fever - Coxieilla burnetti

#### **Vaccination**

- Formalin inactivated whole cell vaccine
  - Licensed in Australia
  - Investigational in US for at risk personnel
- Skin test required prior to vaccination
- Single dose complete protection against natural disease
  - 95% protection against aerosol exposure within 3 weeks
- Protection for 5 years
- ∠ Live attenuated vaccine (Strain M44) former USSR

### Q Fever - Coxieilla burnetti

### Infection Control Procedures

- Standard precautions for health care worker
- No person-to-person transmission
- ✓ Decontamination Soap and water or 0.5 hypochlorite

Brucellosis - Brucella species

AKA - Undulant Fever, Mediterranean Fever, Malta Fever

Microbiology/Epidemiology

Human pathogens - B melitensis (goat)

B. abortus (cattle)

B. suis (pig)

B canis (dog)

- Facultative intracellular gram negative coccobacilli
- Natural reservoirs Herbivores
- Septic abortion and orchitis in animals

Brucellosis - Brucella species

### Microbiology/Epidemiology

Uncommon in the US - 0.5 cases per 100,000 population

Abbattier and veterinary workers

Unpasteurized dairy products

Highly endemic - Southwest Asia (128 per 100,000) Hazard to military personnel

Brucellosis - Brucella species

#### **Transmission**

- Stable to environmental conditions
- ∠ Long persistence in wet ground and food
- Ingestion Infected raw milk or meat
- Inhalation Contaminated aerosol

Highly infectious

10 - 100 bacteria

Contact - Skin

### Brucellosis - Brucella species

### Clinical Features

- ✓Incubation period 8 14 days (5 - 60 days)
- Nonspecific febrile illness
- ∠Lumbar pain and tenderness 60%

Brucellosis - Brucella species

### Clinical Features

- ∠GI symptoms 7%
- Hepatosplenomegaly 45 63%
- Sequale- Osteoarticular infections, Hepatitis, meningitis, encephalitis, endocarditis, pancytopenia

Brucellosis - Brucella species

#### Natural Disease versus Bioterrorism

- Natural disease prolonged, incapacitation and disabling
- Mortality rate 5% Untreated Endocarditis or meningitis
- Intentional large aerosol
   Shorter incubation
   Higher clinical attack rate

Brucellosis - Brucella species

#### **Laboratory Diagnosis**

- ✓ Blood cultures 15 70%
- ∠ Bone marrow culture 92%
- Longer incubation
- Slow growing oxidase positive colonies

Small faintly staining GNB

Level A

Level B or C

Brucellosis - Brucella species

**Laboratory Diagnosis** 

Acute and convalescent serology

SAT - IGM and IGG

Single titer > 1:160 active disease

ELISA and PCR becoming available

#### Brucellosis - Brucella species

### Antimicrobial Therapy

- Doxycycline + Rifampin 6 weeks
- Doxycycline 6 weeks + Streptomycin 2 3 weeks
- TMP/SMX Less effective
- Tetracycline + Rifampin + Streptomycin for long term therapy - Endocarditis or meningoencephalitis

Brucellosis - Brucella species

Post-Exposure Chemoprophylaxis

- Not generally recommended
- ∠ High risk exposures\*
  - 3 6 weeks of one of treatment regimens

<sup>\*</sup>Vaccine - Needlestick

<sup>\*</sup>Laboratory exposure

<sup>\*</sup>Bioterrorism

Brucellosis - Brucella species

#### **Vaccination**

- Live vaccine for animals
  - Widely used
  - Eliminated from domestic herds in the US
- No licensed human vaccine in the US
- ∠ B. abortus (S19-BA) USSR and China
  Limited efficacy and annual revaccination

Brucellosis - Brucella species

#### Infection Control Procedures

- Standard precautions for health care workers
- Rare person-to-person transmission Tissue transplantation and sexual contact
- BSL 3 Laboratory practices
- Environmental decontamination 0.5% hypochlorite

Melioidosis - Burkholderia pseudomallei

### Microbiology/Epidemiology

- Gram negative bacilli "safety pin" appearance
- Widely distributed in the soil and water in tropics
- Endemic in Southeast Asia and Northern Australia

Melioidosis - Burkholderia pseudomallei

#### **Transmission**

- Widely distributed
- Common cause of community-acquired septicemia in northeastern Thailand
- Contaminated injuries
- Long incubation period Imported

Glanders - Burkholderia mallei

### Microbiology/Epidemiology

- Gram negative bacilli "Safety pin" appearance
- Occurs primarily in horses, mules and donkeys
- Acute form Mules and donkeys
- Chronic form or Farcy Horses
- Human disease uncommon
- ✓ Not found in water, soil or plants

Glanders - Burkholderia mallei

#### **Transmission**

- Veterinarians and animal handlers
- Low transmission rate low concentration, less virulence
- Contaminated injuries

Glanders - Melioidosis

#### **Clinical Features**

- ✓ Incubation period 10 14 days
- Acute pneumonic illness\*
- Acute fulminant septicemic illness\*
- Acute oral, nasal, conjunctional infections
- Chronic Skin and muscle abscesses, osteomyelitis, meningitis and brain abscess
- Reactivation disease

<sup>\*</sup>Expected in case of bioterrorism

#### Glanders - Melioidosis

#### Natural Disease versus Bioterrorism

- WW I Glanders spread by central powers Russian horses and mules
- Human cases in Russia increased during and after WW I
- WW II Japanese infected horses, civilians and POWs in China
- ✓ US studied B.mallei and B. pseudomallei as BW agents -1943 - 1944 - Not weaponized

#### Glanders - Melioidosis

#### Natural Disease versus Bioterrorism

- USSR believed to be interested/experiments
- Aerosols (cultures) highly infectious to laboratory workers\*
- Shorter incubation period
- Acute pneumonic or septicemic illness

\*Recent case - Military Research Microbiologist

Glanders - Melioidosis

#### Laboratory Diagnosis

- ✓ Gram stain
- Irregular staining methylene blue or Wright's stain
- Culture Standard methods
- Serology Agglutination

**Complement Fixation** 

More specific  $\geq$  1:20

Single titers > 1:160 active infection

#### Glanders - Melioidosis

### Antimicrobial Therapy

- ✓ Oral tetracycline, amoxacillin/clavulante or TMP/SMX for localized disease for 60 - 150 days
- ✓ I/V ceftazidime + TMP/SMX for 2 weeks -PO TMP/SMX for 6 months

Glanders - Melioidosis

Post Exposure Chemoprophylaxis

TMP/SMX Trial

Glanders - Melioidosis

<u>Vaccination</u>

No vaccine for human use
No vaccine for animal use
Candidate vaccines

Glanders - Melioidosis
Infection Control Procedures

Standard precaution for health care workers

BSL 3 practices in the laboratory

Category B - Viral Agents of Bioterrorism

Agent	Disease
Venezuelan Encephalitis virus	Febrile illness -
	Encephalitis
Eastern Equine Encephalitis virus	Encephalitis
Western Equine Encephalitis virus	Encephalitis

- Mosquito-borne Alpha viruses
- ∠ VEE, WEE, EEE
- Difficult to distinguish clinically
- Encephalitis in horses, mules and donkeys precedes human cases
- ∠ VEE acute febrile illness Encephalitis less common

- EEE and WEE Encephalitis predominantly
- No evidence for horse-to-human or human-tohuman transmission
- Diagnosis Virus isolation, serology, PCR
- No natural aerosol transmission
- ∠ Infective dose of VEE is 10 100 organisms
- Viruses killed by heat and standard disinfectants

- Stable during storage and manipulation
- ✓ VEE tested as a BW agent by the US in 1950's and 1960's
- In a bioterrorism event Human cases precede or concurrent with animals
- No specific therapy

- Alpha interferon and poly ICLC Effective post exposure prophylaxis in experimental animals
- Live attenuated vaccine IND
- Formalin-inactivated vaccine IND\*
- Standard precautions and vector control
- \*Booster immungen

<u>Category B – ToxinAgents of Bioterrorism</u>

Agent	Disease
Ricin	Necrosis - ARDS
Epsilon Toxin	Cytotoxic - ARDS
Staphylococcal Enterotoxin B	Cytokines - ARDS
T2 - Mycotoxins	Dermal, Ocular,
	Respiratory and GI

Category B - Biological Toxins

- Beans of castor plant (Ricinus cummunis)
- Ubiquitous plant
- Toxin highly stable and easy to extract
- Protein cytotoxin
- Toxic by multiple routes
- ∠ Inhalation ARDS (1 -3 days) Death

Category B - Biological Toxins

- Ingestion GI, hepatic, splenic and renal necrosis
- IM injection Necrosis of muscle and regional lymph nodes
  - Moderate visceral involvement
- Antigen detection by ELISA serum and respiratory secretions
- Paired serology

Category B - Biological Toxins

- ∠ PCR Castor bean DNA
- ∠ No specific therapy
- Gastric lavage and cathartics
- Charcoal Not useful
- Protective mask for inhalation

Category B - Biological Toxins

- Standard precautions for health care workers
- Hypochlorite (0.1% sodium hypochlorite) solution inactivates ricin
- Immunization Promising in animal models

Category B - Biological Toxins

### Epsilon (Alpha) Toxin

- C. perfringens 12 toxins
- One or more can be weaponized
- Alpha toxin highly toxic phospholipase
- Thrombocytopenia and hepatic damage
- Immunoassay for toxin

Category B - Biological Toxins

### Epsilon (Alpha) Toxin

- Bacteria cultured easily
- Penicillin the antibiotic of choice
- Clindamycin or rifampin Reduce toxin
- Veterinary toxoids widely used
- Z Toxoids for enteritis necroticans humans

Category B - Biological Toxins

### Staphylococcal Enterotoxin B

- SEB one of the exotoxins produced by S. aureus
- ∠ Protein (23-29 kd)
- Pyrogenic and GI toxicity
- Food poisoning Improperly handled or refrigerated food
- ✓ Inhaled SEB Lower dose (1/100th) toxic

Category B - Biological Toxins

### Staphylococcal Enterotoxin B

- ARDS Within 12 hours
- Concomitant GI symptoms
- Contamination of food or small volume water supplies
- One of 7 agents in the US BW program prior to 1969

Category B - Biological Toxins

#### Staphylococcal Enterotoxin B

- No specific therapy
- Experimental immunization reported
- A candidate human vaccine advanced development
- Standard precautions for health care workers
- Decontamination Soap and water
- Destroy contaminated food

Category B - Biological Toxins

#### T-2 Mycotoxins

- Trichothecene mycotoxins Over 40
- Fusarium, Myrotecium, Trichoderma, Stachybotrys and others
- "Yellow Rain" pigmented oily fluids
- Extremely stable in the environment
- Resist hypochlorite and autoclaving

#### Category B - Biological Toxins

#### T-2 Mycotoxins

- <u>Dermal</u>, ocular, respiratory and GI exposures
- Rapid and severe symptoms
- ✓ No specific therapy Superactivated charcoal if swallowed
- Decontamination soap and water

Category B - Biological Toxins

#### T-2 Mycotoxins

- Contact precautions Standard precautions for health care workers
- Environmental decontamination

1% sodium hypochloride and 0.1 NAOH with 1 hour contact time

Category B - Biological Toxins

Other Toxins - Potential for Bioterrorism

Tetanus toxin - C. tetani - Tetanus

Saxitoxin - paralytic shellfish poisoning

Tetrodotoxin - fish, frogs, etc.

Toxins - Blue green algae

Anatoxin – A (s)

Microcystin

Category B - Food and Waterborne Agents

<u>Agents</u> <u>Disease</u>

Salmonella species Enteritis

Typhoid Fever

Shigella dysenteriae Dysentery

E. coli 157:H7 Bloody Diarrhea

Vibrio cholerae Cholera

Cryptosporidium parvum Diarrhea

#### Category C - Potential Agents of Bioterrorism

Third highest priority agents include emerging pathogens that could be engineered for mass dissemination

- Availability
- Ease of production and dissemination
- Potential for high morbidity and mortality
- Major health impact

Category C - Potential Agents of Bioterrorism

Nipah virus

Hantavirus

Tickborne Hemorrhagic Fever viruses

Tickborne encephalitis viruses

Yellow Fever

Multidrug resistant Tuberculosis

Category C - Potential Agents of Bioterrorism

#### Nipah Virus

- Outbreak in Malaysia 1998 1999
- ✓ 1 Million deaths in swine
- Encephalitis in 265 humans
- Direct contact with swine
- Mortality rate 40%
- Eradicated from swine

Category C - Potential Agents of Bioterrorism

#### Nipah Virus

- Likely to be present in fruit bats
- Human to human transmission not documented
- No cases documented in the US

Category C - Potential Agents of Bioterrorism

Tickborne Encephalitis Viruses

Far Eastern, Central European,

Kyasanur Forest, Louping ill, Powassan and Negishi

Category C - Potential Agents of Bioterrorism

Tickborne Hemorrhagic Fever Viruses

Crimean-Congo Hemorraghic Fever Omsk Hemorrahgic Fever Kyasanur Forest Disease

#### **Detection**

Biological Integrated Detection System (BIDS)

Long Range Biological Stand Off Detection System - (LRBSDS)

Short Range Biological Stand Off Detection System - (SRBSDS)

#### Personal Protection

Protective Mask - M40\*
Battle Dress Overgarment (BDO)
Protective Gloves
Overboots

\*HEPA-filter masks or surgical mask protection against BWs but not CWs

**Decontamination** 

**Mechanical Decontamination** 

Water filtration

Air filtration

**Decontamination** 

**Chemical Decontamination** 

M291 Skin Decontamination Kit

Soap and water

Hypochlorite solution

0.5% for 10 - 15 minutes for gross contamination\*

5% for clothing or equipment

\*Except open body cavity wound, brain and spinal cord injuries

**Decontamination** 

Physical Decontamination

Dry Heat (160°C) for 2 hours

Autoclaving (121°C) for 20 minutes

Solar Ultraviolet radiation

#### Patient Isolation Precautions

Standard Precautions - All patients

Handwashing

Gloves\*

Mask\*, eye protection\*, face shield\*
Patient care equipment and linen

\*As needed

#### **Patient Isolation Precautions**

#### Contact Precautions - Standard Precautions Plus

- Private room Cohort same infection
- Gloves when entering
- Gown when entering
- Limit movement or transport of the patient
- Patient care items Surfaces Daily cleaning
- Dedicate noncritical patient care equipment or disinfect between patients

**Patient Isolation Precautions** 

**Contact Precautions** 

**Conventional Diseases** 

**Biothreat Diseases** 

MRSA, VRE, C. difficile

RSV, Parainfluenza, Enteroviruses

Viral Hemorrhagic Fevers

Enteric Infections – Incontinence Draining anthrax lesions

SSSS, HSV, Impetigo, Lice, Scabies

Hemorrhagic conjunctivitis

#### Patient Isolation Precautions

**Droplet Precautions - Standard Precautions Plus** 

- Private room Cohort with same infection or maintain 3 feet between patients
- Mask Within 3 feet of patient
- Limit movement and transport of the patient place mask if needed

#### Patient Isolation Precautions

**Droplet Precautions** 

**Conventional Diseases** 

**Biothreat Diseases** 

Invasive *H. influenzae* disease

Invasive Meningococcal disease

Pneumonic plague

Drug resistant pneumococcal disease

Diphtheria – Pertussis - Mycoplasma

Group A streptococcus

Influenza - Rubella - Mumps - Parvovirus

#### Patient Isolation Precautions

Airborne Precautions - Standard Precautions Plus

- Monitored negative air pressure room
- Respiratory protection on entry
- Limit movement and transport of the patient
  - place mask if needed

Patient Isolation Precautions

Airborne Precautions

Conventional Diseases Biothreat Diseases

Measles

Varicella Small Pox

**Pulmonary TB** 

Preparedness for Public Health and Medical Communities

- CDC \* Designated by DHHS
- Cooperative agreements with states and large cities
- Five areas emphasized (1999 2001)
  - i) Preparedness, planning and readiness assessment
  - ii) Surveillance and epidemiology capacity
  - iii) Biological laboratory capacity
  - iv) Chemical laboratory capacity
  - v) Health alert network and training

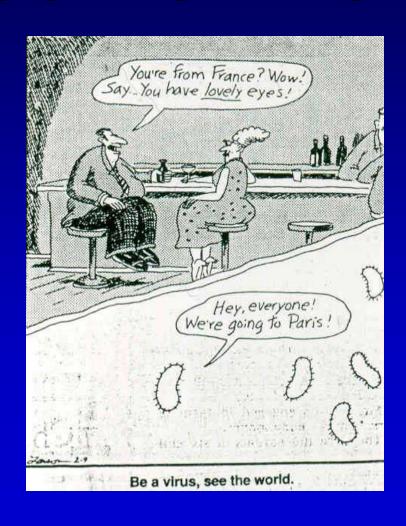
\*Disease reporting - a tool for preparedness

#### Preparedness for Public Health and Medical Communities

- Dept of Defense Federal Effort
- Trained first responders in 120 cities
- ∠ Handed over to Dept of Justice − 2000

#### Preparedness for Public Health and Medical Communities

- FDA Interagency group
- ∠ USAMRIID Aeromedical isolation team
- ACP/ASIM Pocket guide
- APIC CDC Bioterrorism Readiness plan
- County and City level preparedness
- Small town level preparedness
- Detection of clusters AACERDAIC
- Immediate Immunity Passive Antibody Administration



Global Alert and Response

#### **WHO**

Privileged Access

Geographic Resources

Headquarters Geneva

Regional Offices - 6

Country Offices - 141

Global Alert and Response

#### **WHO**

Collaborating Centers
Laboratories and Institutions - 250

- CDC
- USAID
- Do D-GEIS\*
- Counterparts in other countries

\*US Dept of Defense Global Emerging Infections Surveillance and Response System

Global Alert and Response

#### <u>WHO</u>

Surveillance Networks

Electronic "detective" system\* and databases International health regulations

\*FluNet (> 50 yrs) 110 labs in 84 countries

Global Alert and Response

**WHO** 

Welcome Assistance

"Deep" Experience

# OVERVIEW OF POTENTIAL AGENTS OF BIOTERRORISM Global Alert and Response

WHO - Surveillance and Response

- Containing Known Risks
- Responding to the Unexpected

Semiautomatic electronic system

Health Canada

US based Pro-MED

Local online newspapers

Scan the world-outbreak verification

#### Global Alert and Response

#### WHO - Surveillance and Response

- Global outbreak alert and Response Network April 2000
- Standardized procedures
- Communication
- Guidelines for foreign nationals

#### Global Alert and Response

WHO - Surveillance and Response

Improving Preparedness

HealthMap

NASA and Other Satellites

**TEPHINET - CDC Training Program\*** 

Lyon, France - 2001 - Specialized training program

\*Training program in Epidemiology and Public Health Interventions Network

#### Global Alert and Response

WHO - Surveillance and Response

Improving Preparedness

Long term preparedness working group

Early Warning and Response Network (EWARN)

Capacity building - National epidemic detection Births and Deaths Registry

#### Global Alert and Response

WHO - Preparedness for Bioterrorism

- Updated Standard Guide
- Epidemiological techniques for natural outbreak
- Exchange between Public health and Veterinary Sectors
- Overseeing remaining stocks of small pox virus

#### Global Alert and Response

#### WHO - Proactive Role

- Consensus resolution World Health Assembly
- Investigate and verify outbreaks prior to official notification
- Global solutions for Global causes and consequences

#### Global Alert and Response

WHO - US Support

CDC\*

USAID - First Global Strategy for Containment of Antimicrobial Resistance

NIH\* - Fogarty International Center

Bureau of PRM - Malaria control

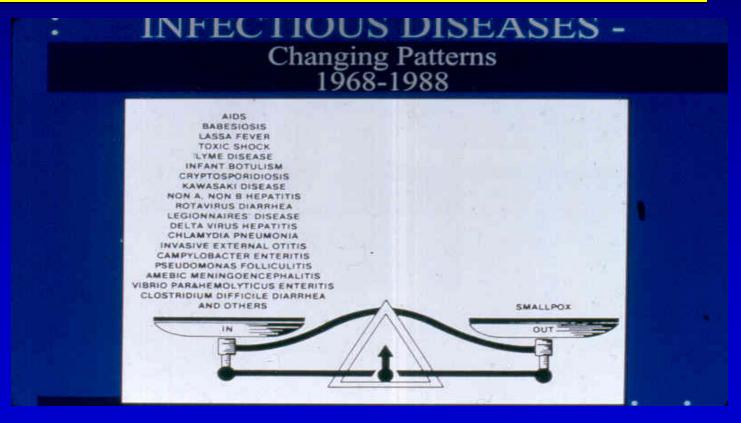
\*Grants to Global Outbreak Alert and Response Network and WHO collaborating Centers

#### **Economic Impact**

- Brucellosis scenario 477.7 million/100,000 exposed
- Anthrax scenario 26.2 billion/100,000 exposed
- Post attack prophylaxis program
- Rapid implementation
- Single most important means reducing losses
- Economic justification\*
- \*Kaufman et al, EID, April June 1997

Preparedness for Public Health and Medical Communities

Balance



Preparedness for Public Health and Medical Communities



#### Nature's Biowarfare

"Modern adventurers like to up the ante, but even the most extreme sports wouldn't produce the adrenaline of a race against pandemic influenza or a cloud of anthrax at the Super Bowl. In the field of Infectious Diseases, reality is stranger than anything a writer could dream up. The most menacing bioterroist is Mother Nature herself."

Secret Agents: The Menace of Emerging Infections, by Madeline Drexler, John Henry Press, 2002



#### THE NEXT PRESENTATION

Laboratory Diagnosis of Biological Weapons: Conventional and New Methods

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