



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Bioterrorism
Topic Collection
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Topic Collection: Bioterrorism

Bioterrorism can result in mass casualties, significant spread of disease, and unease within the medical community and the community at large. These types of incidents call for collaboration and specific planning and response interventions. The resources in this Topic Collection highlight recent research, promising practices, and model procedures for preparing for, responding to, and recovering from an act of bioterror.

This ASPR TRACIE Topic Collection is in the process of being developed and comprehensively reviewed. If you have resources to recommend for inclusion in this Topic Collection, specifically illustrative examples, plans, tools or templates, please email your recommendations to askasprtracie@hhs.gov.

Army Center for Health Promotion and Preventive Medicine Aberdeen Proving Ground. (2011). [The Medical NBC Battlebook](#).

This downloadable PDF serves as a quick reference guide for medical personnel in the field. The authors provide information on the following threats: nuclear, radiological hazards, biological, chemical, and lasers/ radiofrequency.

Arnon, S., Schechter, R., Inglesby, T., et al. (2001). [Botulinum Toxin as a Biological Weapon](#). (Abstract only.)

This article highlights recommendations developed by the Working Group on Civilian Biodefense regarding a terrorist event featuring the release of botulinum toxin. The group provides a list of symptoms and treatment suggestions.

ASTM. (n.d.). [Standard Guide for Operational Guidelines for Initial Response to a Suspected Biothreat Agent](#). West Conshohocken, PA, ASTM International. (Abstract only; PDF available for purchase; accessed 11/2/2015.)

These standards can help responder agencies build operational guidelines for the preparedness for, response to, and recovery from a potential bio threat agent.

International Association of Fire Chiefs. (2008). [Model Procedures for Responding to a Package with Suspicion of a Biological Threat](#).

These guidelines to help "first-arriving" emergency service personnel respond to potential bioterror events that involve suspicious letters, packages or containers.

Kool, J. (2005). [Risk of Person-to-Person Transmission of Pneumonic Plague](#). *Clinical Infectious Diseases*. 40(8): 1166-1172.

The author reviews the historical literature and anecdotal evidence on plague transmission and discusses how simple protective measures can reduce the risk of infection.

Kyriacou, D., Dobrez, D., Parada, J., et al. (2012). [Cost-Effectiveness Comparison of Response Strategies to a Large-Scale Anthrax Attack on the Chicago Metropolitan Area: Impact of Timing and Surge Capacity](#). *Biosecurity and Bioterrorism*. 10(3): 264–279.

The authors examined the cost-effectiveness of a response to an anthrax attack based on pre- and post-attack prophylaxis and/or vaccination. Their results indicated that post-attack antibiotic prophylaxis and vaccination of all exposed people would be the most cost-effective response strategy for a large-scale anthrax attack.

Rebmann, T. (2014). [Infectious Disease Disasters: Bioterrorism, Emerging Infections, and Pandemics](#). APIC Text of Infection Control and Epidemiology.

The author defines infectious disease disasters and highlights the need for specialized emergency planning and response, particularly for infection preventionists.

San Francisco Department of Public Health. (2011). [Infectious Disease Emergency Response Plan](#).

This plan contains the following sections: command, plans section (by unit), operations section, logistics, and finance. Four annexes that focus on different threats are included, as are sample forms and other appendices.

University of Nebraska Medical Center. (2008). [Administration of a DuoDote™ Autoinjector. \(Video.\)](#)

This video shows the proper way to use the Duo Dote auto injector to treat mild and severe exposure to Organophosphate insecticides or nerve agents.