Tin, J Bioterr Biodef 2022, 13:3
Anthrax Clinical and Public Health Implications in Bioterrorismwater of their opponents in 600 BC. Tartar armies tossed plague-infected dead bodies into enemy cities throughout the middle Ages, causing epidemics. In 1710, Russian soldiers repeated it against Swedish forces. In the 18th century AD, British forces in America used blankets tainted with smallpox viruses on native Indians and French forces. During World War I, the German Army produced bioweapons such as anthrax, glanders, and cholera. Japanese and American soldiers produced botulinum and anthrax during WWII. In 1942, the British tested anthrax bombs. Anthrax spores were accidentally released into the environment in 1979 [1]. At least 68 people died in the Union of Soviet Socialist Republics. Iraq stored anthrax, botulinum, and a atoxin bioweapons during the Persian Gulf War. Bhagwan Rajneesh infected salad bars in Oregon, USA, with Salmonella spp. in 1984, causing food illness. In 2001, anthrax spores were mailed to a select group of people in the United States, resulting in 22 cases of cutaneous, inhalation, and meningeal anthrax and ve deaths. Agents employed as bioweapons have few distinguishing characteristics.Derrick Tin*Department of Emergency Medicine, Harvard Medical School, USAhort CommunicationBioterrorism has a long and illustrious history. Infectious disease terrorism requires a di erent approach than nuclear or chemical bioterrorism. Assyrians used rye ergot to contaminate the drinking

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