



Biological Agents with Potential for Bioterrorism

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Pe e c i e

Bi gica ea n age n e e ide n i ed d ing he C d Wa
ba ed n he f ing cha ac e i ic : a h gen ic f h ma ,
ani ma , a an ; abi i ca e di abi i dea h; abi i and
in fe c i i a ma a ice ae ; and abi i be ea i and
ic d ded and ea n ed in n i de i e s en .
O he e ie f bi gica agen , ch a he e a i e e a e f
medica e en i ea n , and he abi i f ha e e a ,
ha e been inc ded [1]. Te Cen e f Di ea e C
and Pe en i (CDC) in he Uni ed Sa e ec g i edge , i e ,
and i n ha nigh be ed a ea . Te cal i ed he in
he e ca e in 2002: A, B, and C, ba ed n hei ea e f lead, e ei
f i ne d ded, and abi i ca e ai . In fe c i and
c nagi bi gica agen , in fe c i b n gene a c nagi
bi gica agen , and i n if nei he a e in fe c i and c nagi
bi gica agen ca i ed a Ca eg . A ed he highe ea
bi c and na i na ec i . Tie e ec agen and i n , a ea i e
ecen ca i ca i n i nia he ca eg . A ca i ca i [2].
O he agen , cha na a cc ing ah gen , ca e di ea e
i h a medi i he gene a b ic . Te inc de re and e
e ne ging in fe c i di ea e and a e . ne ha ea d i b le .
Gene ic change , n he he hand, c d na e he n e i en ,
ce ae n a cin ca . n , in ce a e hei e i an ce ea n
and acci a n , and e en change hei an pi ibi i h a nge .
S n he ic bi g ne h d c d be ed na e gene ic a e a i ;
ch ac i i ie c d be c n ide ed d a e e ea ch .

The 1918 Spanish influenza pandemic, for example, affected about 500 million people worldwide, and it is estimated that between 50 and 100 million people died as a result. The 1957 Asian influenza pandemic was also very severe, with an estimated 2.5 billion people infected and 1-4 million deaths. The 1968 Hong Kong influenza pandemic was also very severe, with an estimated 1-2 billion people infected and 1-4 million deaths.

and aeed and cfe encing cabie ha e
been he f he nign cap bea h gh i he a decade [4].

Se encing meh d ha e g . n e e enie, n e abe,
and n i e ed han . high eniie and eecie PCR-ba ed
x en c mbined ihc ne n a x an e ea a in c ed e.
Hea h-ca e acii ne a nd he' d na x na efa e dg aen
and e nd fale f indi id a ca e b ea de ec i n han
e dab e a ie n - ide diag n ic and e encing ha a e
di ec x c n rec ed ia c d-ba ed re . A Fancie a a eni
fa , ca idge-ba ed a a x ha been de e ed f e a he . in
f ca e. T diag n ie Eb a and La a i in fe c i n , a meh d ha
c mbine eniie mic he e ech n g de ec b hanib die
and a i gen i n a ai abe.

A high diagnostic ELISA is often used for alpha-1 antitrypsin deficiency screening and PCR analysis can identify the mutation in about 90 minutes. A blood sample and urine sample are collected from the patient. The sample is then analyzed for alpha-1 antitrypsin deficiency using a high-throughput diagnostic test. The test results are usually available within 45 minutes [5]. Diagnostic tests include testing the patient's hand, fingers, and toes for alpha-1 antitrypsin deficiency. These tests are simple and quick, and can be performed at home by the patient.

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