

## Biothreat Agents and the Future of Biosecurity

Kiwi Ronal\*

Department of Biomedical Sciences, University at Albany, USA

### Abstract

Biothreat agents are biological pathogens or toxins that can be deliberately used to cause harm to humans, animals, or plants for purposes of terrorism, warfare, or sabotage. These agents pose significant challenges to global public health, security, and biodefense systems. This article provides an in-depth analysis of biothreat agents, including their classification, mechanisms of action, detection methods, and implications for public health and national security. It also discusses recent advances in diagnostics, treatment, and preventive strategies, emphasizing the importance of preparedness and coordinated response efforts to mitigate the risks posed by these biological threats.

**Keywords:** Biothreat agents; Biological warfare; Bioterrorism; Pathogens; Biodefense; Public health; Biosecurity; Detection; Prevention

### Introduction

The intentional use of biological agents to cause disease or death has long been a concern for national security and public health [1]. These biothreat agents—ranging from bacteria and viruses to toxins—can inflict mass casualties and socio-economic instability [2]. The advent of advanced biotechnology and synthetic biology has made the creation or modification of these agents increasingly feasible, raising new challenges for surveillance and control [3].

Despite international treaties such as the Biological Weapons Convention (BWC) of 1972, enforcement and compliance remain problematic due to insufficient verification mechanisms [4]. The threat is further amplified by the dual-use nature of biological research, wherein beneficial discoveries can be misapplied for malicious purposes [5].

This article explores the characteristics of biothreat agents, their pathogenic mechanisms, and the strategies used for their detection, treatment, and prevention.

### Description of biothreat agents

#### Classification

The U.S. Centers for Disease Control and Prevention (CDC) categorizes biothreat agents based on their public health impact:

- Category A includes the most dangerous agents: *Bacillus anthracis* (anthrax), *Yersinia pestis* (plague), *Variola virus* (smallpox), *Clostridium botulinum* toxin (botulism), *Francisella tularensis* (tularemia), and hemorrhagic fever viruses like Ebola [6].
- Category B agents have moderate dissemination potential and include *Brucella spp.*, *Coxiella burnetii* (Q fever), and *Salmonella spp.*
- Category C includes emerging pathogens that may be engineered for future mass dissemination, such as Nipah virus and hantaviruses [7].

### Mechanisms of action

Biothreat agents operate through varied pathogenic mechanisms:

- *B. anthracis* produces toxins that cause hemorrhagic mediastinitis.

- Botulinum toxin inhibits acetylcholine release, leading to paralysis.

- Smallpox virus invades host cells, leading to widespread dermal lesions and systemic failure [8].

### Routes of exposure

Biological agents can be transmitted through inhalation (e.g., aerosolized anthrax), ingestion (e.g., contaminated food), or direct contact. Aerosols are particularly concerning due to their ability to penetrate deep into the lungs and cause systemic infection [9].

### Results of biothreat agent exposure

The clinical outcomes depend on agent type, exposure dose, and host susceptibility:

- **Anthrax:** Inhalational form is the deadliest, with rapid progression to shock and multi-organ failure.
- **Plague:** Pneumonic plague is highly contagious and nearly 100% fatal if untreated.
- **Smallpox:** Presents with fever and pustular rash; though eradicated, a bioterrorist reintroduction could be catastrophic.
- **Botulinum toxin:** Causes flaccid paralysis and requires intensive care for respiratory support [10].

Such exposures can paralyze healthcare systems, disrupt economies, and erode public trust.

### Discussion

#### Detection and diagnosis

Early detection is vital for containment. Techniques include:

**\*Corresponding author:** Kiwi Ronal, Department of Biomedical Sciences, University at Albany, USA, E-mail: kiwironal@gmail.com

**Received:** 01-Mar-2025, Manuscript No: jbtbd-25-166427, **Editor assigned:** 03-Mar-2025, Pre-QC No: jbtbd-25-166427 (PQ), **Reviewed:** 17-Mar-2025, QC No: jbtbd-25-166427, **Revised:** 21-Mar-2025, Manuscript No: jbtbd-25-166427 (R) **Published:** 28-Mar-2025, DOI: 10.4172/2157-2526.1000444

**Citation:** Kiwi R (2025) Biothreat Agents and the Future of Biosecurity. J Bioterr Biodef, 16: 444.

**Copyright:** © 2025 Kiwi R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

- **Polymerase chain reaction (PCR):** Offers high sensitivity and specificity for pathogen detection.
- **Enzyme-linked immunosorbent assays (ELISA):** Detect antigens or antibodies in blood samples.
- **Biosensors:** Portable devices used for real-time detection in field conditions.

However, distinguishing between intentional and natural outbreaks remains challenging, especially in resource-limited environments [3,6].

### Treatment and prevention

Management depends on the agent involved:

- Antibiotics and antivirals are frontline treatments.
- Antitoxins (e.g., for botulism) and supportive care improve outcomes.
- Vaccines exist for agents like smallpox and anthrax, but coverage is limited [2,9].

Preparedness strategies include strategic national stockpiles, regular drills, emergency communication systems, and interagency coordination.

### Conclusion

Biothreat agents represent a dynamic and evolving risk landscape. With advancements in genetic engineering, the likelihood of engineered pathogens increases. Strengthening global surveillance systems, investing in research, and fostering international collaboration are essential. A multidisciplinary, proactive approach is key to ensuring

global biosecurity and mitigating the impacts of future bioterrorism events.

### References

1. Hamashima C, Shibuya D, Yamazaki H, Inoue K, Fukao A, et al. (2008) The Japanese guidelines for gastric cancer screening. *Jpn J Clin Oncol* 38: 259-267.
2. Sabatino SA, White MC, Thompson TD, Klabunde NC (2015) Cancer screening test use: United States, 2013. *MMWR Morb Mortal Wkly Rep* 64: 464-8.
3. White A, Thompson TD, White MC, Sabatino SA, Moor JD, et al. (2017) Cancer Screening Test Use-United States, 2015. *MMWR Morb Mortal Wkly Rep* 66: 201-206.
4. Horner-Johnson W, Dobbertin K, Andresen EM, Iezzoni LI, et al. (2014) Breast and cervical cancer screening disparities associated with disability severity. *Womens Health Issues* 24: e147-53.
5. Horner-Johnson W, Dobbertin K, Iezzoni LI (2015) Disparities in receipt of breast and cervical cancer screening for rural women age 18 to 64 with disabilities. *Womens Health Issues* 25: 246-53.
6. Baralt L, Weitz TA (2012) The Komen-planned parenthood controversy: Bringing the politics of breast cancer advocacy to the forefront. *Womens Health Issues* 22: 509-512.
7. Bob Roehr (2012) Charity's decision to cut funding to Planned Parenthood sparks controversy. *BMJ* 344: e870.
8. Fontana RS, Sanderson DR, Woolner LB, Taylor WF, Miller WE, et al. (1986) Lung cancer screening: the Mayo program. *J Occup Med US* 28: 746-750.
9. McKinney SM, Sieniek M, Godbole V, Godwin J, Antropova N, et al. (2020). International evaluation of an AI system for breast cancer screening. *Nature* 577: 89-94.
10. Secretan BL, Loomis D, Straif K (2015) Breast-cancer screening-viewpoint of the IARC Working Group. *N Engl J Med* 373: 1479.