# Chemical Agents of Opportunity: The Medical and Psychological Consequences of TICs and TIMs Satellite Conference Thursday, August 12, 2004 12:00-1:30 p.m. (Central Time) Produced by the Alabama Department of Public Health Video Communications Division

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### **Objectives**

- Understand the concept of chemical agents of opportunity, Toxic Industrial Chemicals (TICs) and Toxic Industrial Materials (TIMs), and appreciate the basis for increased public health preparedness.
- Identify chemical agents of opportunity that could be used by terrorists and different modalities by which they can be distributed or released.

### **Objectives**

- Describe the major health effects of selected TICs, TIMs, and other important non-volatile chemical agents that could be used by terrorists.
- Understand the behavioral responses of people to mass chemical exposures.

### American College of Medical Toxicology

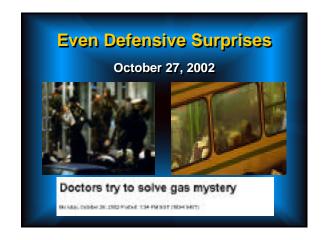
- Professional association of physicians with recognized expertise and board certification in medical toxicology.
- Sub-specialty focused on the diagnosis, management and prevention of human poisoning and other adverse health effects due to medications, occupational and environmental toxicants and biological agents.











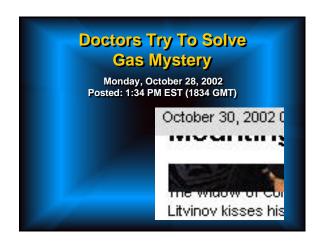
Rescuers 'probably used nerve gas'

October 29, 2002
By Nick Paton Walsh Moscow

The gas used in the Moscow theatre siege by the Russian military was most likely a rare form of nerve agent developed by US forces in the 1970s, Western chemical warfare experts said yesterday.

Russian and UK Experts
Believe Moscow Gas Was BZ

The world wants to know why 117
hostages died as a result of the operation.
english.pravda.ru



### Official "Battlefield" Chemical Warfare Agents Purpose Designed Nerve (eg. Sarin, VX) Blister (eg. Mustard) 1° focus of chemical defense programs in past Dual Use Industrial Chemicals Blood (eg. CN) Choking (eg. Phosgene) Less emphasis on industrial chemicals as a military threat

### TICs and TIMs • Toxic Industrial Chemicals (TICs) Any chemical substance that can render troops ineffective under normal MOPP (mission oriented protective posture) conditions. Primarily an inhalation hazard but troops can receive a dosage through ingestion or absorption of the skin.

## TICs and TIMs • Toxic Industrial Materials (TIMs) Any substance that in a given quantity produces a toxic effect in exposed personnel through inhalation, ingestion, or absorption.

# International Task Force-40 Industrial Chemical Prioritization Selected Acutely Toxic Airborne Hazards Acrolein Ammonia Arsine Chlorine Cyanogen Chloride

## International Task Force-40 Industrial Chemical Prioritization Phosgene Nitrogen Dioxide Sulfur dioxide Selected Acutely Toxic Ingestants Organophosphates Cyanides Arsenic compounds

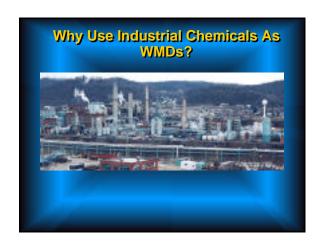
### Other Chemical Concerns Metals Pharmaceuticals Illicit / Substances of Abuse Toxic Waste

### Toxic Wariare Definition – the use of chemicals (or industrial waste) to harm or alter the behavior of an adversary Utilizes existing stored chemicals – exploiting weapons of opportunity

# Toxic Wariare • Who's at risk - Military abroad - Civilians in U.S. • Wide availability of toxic materials throughout U.S. • Proximity of industrial operations to large urban centers







### Limitations with Purpose-Designed WMD Aum Shinrikyo -Tokyo 1995 - Sarin

- Spent ~\$30 million on chemical weapons research
- Employed many scientists
- Killed only 19
- Problems with
  - Production
  - Effective delivery system

### Much More Effective Bhopal - 1984

- Methyl isocyanate
- > 2500 deaths
- 60,000 injuries

### TICs/TIMs vs. CW Agents

- TICs/TIMs
- Greater available volume offsets lower toxicity
- Accessible
- Much less secure
- Inexpensive
- May be legally available
- Difficult detection
- Effective without lethality

### TICs/TIMs vs. CW Agents

- Acute and/or chronic effects
- Purpose Designed WMD
- Higher toxicity
- Lack of accessibility
- Tight security
- Known threat
- Designed to create casualties
- Primarily acute effects

### Why Should We Worry

- ~ 850,000 U.S. businesses use, produce, or store TICs.
- EPA report 123 chemical plants across the U.S. have enough toxic chemicals to kill/injure 1 million people in terrorist attack.

### Why Should We Worry

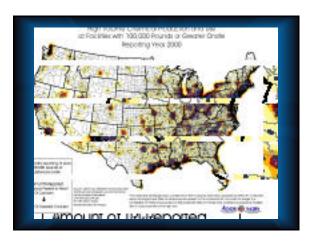
- 750 other plants have enough chemicals to kill/injure at least 100,000 people in an attack.
- U.S. Army study terrorist attack on chemical plant in densely populated area could result in 2.4 million fatalities or injuries.

### **Deadly Possibilities**

- California chemical plant routinely loads chlorine into 90-ton railroad cars - rupture could poison > 4 million people in surrounding counties.
- Philadelphia refinery stores 400,000 pounds of hydrogen fluoride - could asphyxiate nearly 4 million nearby residents.

### **Deadly Possibilities**

- West Virginia plant (Union Carbide) stores as much as 200,000 pounds of methyl isocyanate - could emit a toxic fog over 60,000 people.
- Tennessee chemical plants stores 500,000 pounds of sulfur dioxide release - as many as 60,000 people living within reach of the ensuing vapor cloud are at risk of death or serious injury.









# of Terrorist Cases Involving
Chemical Substances
1975- August 2000

Domestic: 46 (22.2%)

International: 161 (77.8%)

Total: 207

Monterey Institute Database, 2000

Types of Terrorists Activities (Chemical n=207 and Biological n=135) Concern: Hoax/prank/threat 120 (35%) • Plot only 28 (8%) **Serious Concern:**  Attempted acquisition (3%) 9 Possession 48 (14%) Threat with Possession 11 (3%) **Grave Concern** Use of agent 126 (37%) Monterey Institute Database, 2000

Methods Employed by Terrorists for Delivery of Chemical (N=126) Casual/direct contact 33 (30%) Aerosol/spray 21 (19%) Food/drink 13 (12%) 12 (11%) Unknown Product tampering 10 (9%) Explosive (5%) 5 Water supply (4%)Monterey Institute Database, 2000 Methods Employed by Terrorists for Delivery of Chemical (N=126)

Jug/jar/canister 1 (1%)

Mail/letter 4 (3%)

Reaction device 3 (2%)

Injection/projectile 1 (1%)

Chemical Agents Used 2000-2002 2001 2002 2000 Agent Acid / Alkali 8 4 Arsenic 0 0 Cyanide 0 Rodenticides 1 0 0 Pesticide 0 Poison gas 0 0 Monterey Institute Database, 2002 Challenges of Chemical Agent Identification

Symptoms of exposure to chemical agents may be similar to common disease (gastroenteritis).
Immediate symptoms might be mild or nonexistent despite risk of long-term effects.

### Challenges of Chemical Agent Identification

- Reports of contaminated food/water might result in staggered reports over long periods / different locations,
- Mixed clinical presentation may result from exposure to 2 or more agents.
- Health care providers may be less familiar with certain chemical induced presentations.

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### Epidemiological Clues Suggesting Covert Release of Chemical Agent

- Unusual increase in # of patients seeking care for potential chemical release related illness.
- Unexplained deaths among young or healthy people or plants and animals.
- Unexplained odors by patients.

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### Epidemiological Clues Suggesting Covert Release of Chemical Agent

- Cluster of illness in patients with common characteristics such as similar drinking water.
- Rapid onset of symptoms after exposure to potentially contaminated medium.
- Presence of a particular clinical pattern or toxidrome.

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### Selected Clinical Syndromes (Toxidromes) and Potential Chemical Etiologies

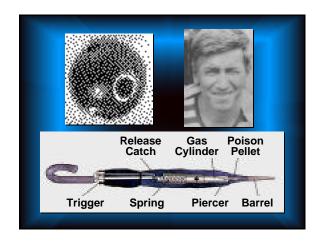
Category	Clinical Syndrome	Potential Chemical
Severe gastroenteritis	Abdominal pain, emesis profuse diarrhea, shock	Etiologyicin, Colchicine
Cholinergic crisis	SLUDGE symptoms, Fasciculations, weakness	OP insecticides, nicotine
Cellular hypoxia	N/V, headache, AMS, shock, seizures, dec pH	CN, SMFA, CO, Azide
Peripheral neuropathy	Muscle weakness, sensory loss	Hg, As, Thallium, Lead,
Mouth pain / ulcerations	Lip/mouth/pharyngeal ulcerations; burning pain	Paraquat / diquat; caustics, Hg MMWR 10/3/03

### A Case

- 49 year old man suddenly develops leg pain while walking
- 15-24 hours fever, nausea, vomiting
- 36 hours admitted to hospital with fever, tachycardia, and lymph node swelling

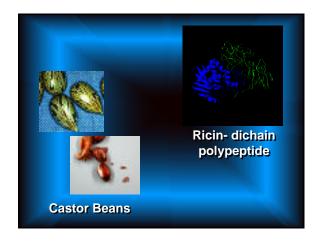
### A Case

- 48 hours hypotension / shock
- 72 hours anuria, vomited blood, heart block
- 84 hours death
- Presumed cause of death Septic Shock



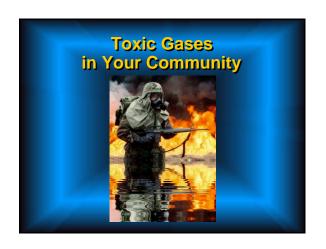






# Ricin - Basic Facts Cellular toxin - blocks protein synthesis via modification of ribosomal 28s subunit Forms - mist, powder, pellet Clinical presentation varies with dose and route of exposure - Parenteral: local pain, systemic toxicity, multisystem failure - lethal dose - 500 µg (head of a pin)

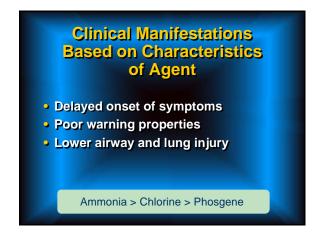






### Chemical Accidents in U.S. **Industry RMP for 1994-1999** 656 #1 Anhydrous Ammonia #2 Chlorine 518 Hydrogen Fluoride 101 #3 Flammable Mixture #4 99 #5 **Chlorine Dioxide** 55 54 #6 **Propane Sulfur Dioxide** #7 48 #8 Ammonia (>20%) 43 #9 Hydrogen Chloride 32 #19 **Phosgene** 12

# Clinical Manifestations Based on Characteristics of Agent High water solubility Rapid onset of symptoms Good warning properties Upper airway irritation and injury Poor water solubility Ammonia > Chlorine > Phosgene



# Chlorine Physical Properties Intermediate water solubility Low odor threshold Green-yellow, pungent gas Boiling point -31 °F 2.5 x heavier than air Reacts explosively with many compounds

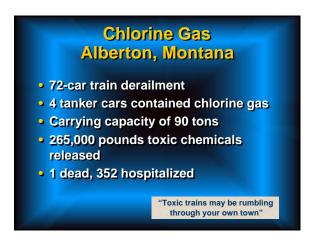












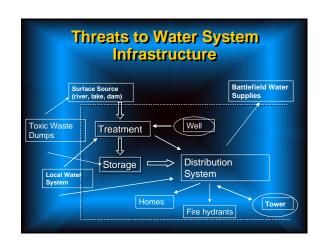


# Chemical Water Terrorism History 1986: NYC; plutonium in drinking water 1989: Romania; water supply poisoned with an organophosphate 1996: China; students poisoned after well serving school was intentionally contaminated 1998: Kosovo; wells poisoned

# Chemical Water Terrorism History 2000: NYC; bottled water contaminated 2002: Rome; threat to contaminate water supplies to U.S. Embassy with cyanide



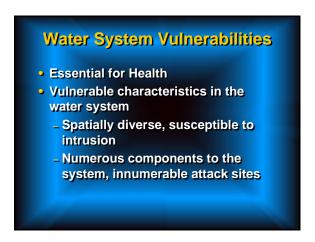








Compound	R	R =
Botulinum Toxin	10,000	Solubility/ Lethal Dose (mg) x 1000
<b>VX</b>	300	
Sarin	100	
Nicotine	20	
Cyanide	9	
Amiton	5	
Na Fluoroacetate	1	
Arsenite, arsenate	1	











Does "hysteria" explain a group's nonspecific symptoms with no apparent exposure?

## What Is It Called? Mass Hysteria Epidemic Hysteria Mass Psychogenic Illness Epidemic Psychogenic Illness Psychological Sequelae Psychic Possession Crowd Poison Psychosocial Casualties

## What Is It Called? • Epidemic Transient Situational Disturbance • Mass Sociogenic Illness (by proxy) • Environmental Somatization Syndrome • Traumatic Stress Response 76 terms found in literature to identify "mass hysteria" Bartholomew 1990

# Features Suggestive of "Mass Psychogenic Illness" Sudden onset of symptoms after leaving alleged source of exposure Significant symptoms not c/w expected toxic effects Diversity of symptoms w/o physical signs or abnormal labs Symptoms develop after learning of the suspected exposure Recurrences in those congregated Benign morbidity with no sequelae Boxer JOM 1985

# Most Common Symptoms of "Mass Psychogenic Illness" Headache Dizziness/lightheadedness Nausea Dry mouth Eye/nose/throat irritation Drowsiness Numbness and tingling Chest tightness Weakness Boxer JOM 1985

Beware of toxicity mimicking "psychogenic illness"

# Is It Psychologic Or Poisoning? Nerve Agent Poisoning: Chest tightness Dyspnea Tachycardia Nausea/Vomiting Abdominal cramps Involuntary urination Fasciculations Headache Coma Diaphoresis

# Is it Psychologic Or Poisoning? Psychological: Chest tightness Dyspnea Tachycardia Nausea/Vomiting Abdominal cramps Involuntary urination Tremor Headache Syncope Diaphoresis

# Is it Contagious? Crowd Poison "Groups without nerve agent exposure complained of symptoms experienced by those who had been exposed." Fullerton Mil Med 1990 Symptoms spread proximity of affected/unaffected persons Reassembly of the group "line of sight transmission" Jones NEJM 2000

# Proposed Solutions Expect the problem – Plan for it Don't ignore these patients In planning In taking them seriously Teach emergency responders some basic toxicology principles e.g., Dose-Response

## Proposed Solutions Look for objective signs of toxicity Create a "holding environment" Location away from high-tempo triage activities Symptoms monitored and re-evaluation

## Conclusions Toxic warfare- necessary to look beyond conventional chemical weapons. "Chemical Agents of Opportunity" are readily available and present likely threats of chemical terrorism in our communities and nation. Understanding behaviors during mass chemical exposures/disasters is important for appropriate evaluation and management of victims and health care workers.





# Upcoming Programs The Behavioral Health Response to Disasters Tuesday, August 24, 2004 2:00-4:00 p.m. (Central Time) Emerging Trends: STD Treatment and Body Piercing Tuesday, September 14, 2004 2:00-4:00 p.m. (Central Time)