

# **Biotechnology and Biosecurity: Enhancing Security in an Increasingly Insecure World**

**Dr. George Poste**  
**Chief Scientist, Complex Adaptive Systems Initiative**  
**and Del E. Webb Chair in Health Innovation**  
**Arizona State University**  
**[george.poste@asu.edu](mailto:george.poste@asu.edu)**  
**[www.casi.asu.edu](http://www.casi.asu.edu)**

**Guest Lecture**  
**BCH462, General Biochemistry**  
**Arizona State University**  
**21 January 2016**

**Purposeful Use of the Term Biosecurity Rather Than Biodefense**

**Broader Term to Address the Full Spectrum of 'Biological' Threats Whether of Natural or Nefarious Origin**

**Natural Epidemics and Bioterrorism Share Same Features in Terms of Potential to Disrupt Society and Preparedness Capabilities are Similar Irrespective of the Origin of the Biothreat**

# Biosecurity and Global Health: Understanding the Implications of Major Economic Disparities and Environmental Dislocations





# Seeking Security in an Unsecure World: The Military and National Security Calculus

## Expanding Conflict Zones, Political Instabilities and Terrorism



**WMD  
Proliferation**



**New Power  
Centers**



**US Retrenchment:  
Geopolitical/Fiscal**



# The VUCA World

- **V**olatility
- **U**ncertainty
- **C**omplexity
- **A**mbiguity

# One More C to VUCA

- **connectivity!**
- **understanding the global biosecurity implications of an increasingly inter-connected global system**
- **human health, animal health, plant health and environmental/ecological changes**
- **global transport and trade**
- **disease, food security, economic and social instabilities as triggers of political instabilities and military intervention (humanitarian, OOTW or confront exploitive terrorism)**

# The Biosecurity Triad

**Infectious  
Diseases  
of  
Natural  
Origin**

**Urbanization,  
Environmental  
and  
Ecological Impacts  
on  
Disease  
Emergence**

**Bioterrorism  
and  
Dual-Use  
Technologies**



**Preparedness:  
The “All Hazards” Challenge  
and  
Building Resilient Systems**



# OUTBREAK: Deadliest Pandemics in History

## OUTBREAK

### Deadliest Pandemics in History

Because a virus doesn't care about state lines or national borders, it can wipe out millions and span multiple continents rapidly. Here is a look at the infectious diseases the world has battled throughout history.

#### What is a Pandemic?

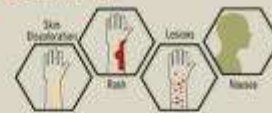
Derived from the Greek word *pandemos* meaning "pertaining to all people," a pandemic is a widespread disease that affects humans over a wide geographic area.

Key:

| PANDEMIC YEAR | DEATH TOLL |
|---------------|------------|
|---------------|------------|



A bubo is an abnormal swelling of the lymph nodes.



#### Honorable Mentions

Although the following viruses do not have a figure for total amount of lives claimed, they continue to terrorize various areas around the world.

##### MALARIA 1600 - Today

###### Common Symptoms

Chills, Headache, Fever, Jaundice, Muscle Pain, Nausea, Vomiting, Seizures

###### Death Toll

According to the World Health Organization's 2010 "World Malaria Report," an estimated 781,000 people are killed by the virus every year.

##### TUBERCULOSIS 700 BC - Today

###### Common Symptoms

Chest Pain, Cough, Fever, Chills, Fatigue

###### Death Toll

There are almost 2 million tuberculosis-related deaths worldwide every year.

##### YELLOW FEVER 16th Century - Today

###### Common Symptoms

Bleeding, Fever, Nausea, Vomiting, Delirium, Seizures, Jaundice

###### Death Toll

Worldwide, 30,000 deaths are caused by the infection every year.

#### MEASLES

7th Century BC - 1963



200 million

#### HIV / AIDS

1981 - TODAY

25+ million



#### PLAGUE of JUSTINIAN

541 - 750

25 million



#### SMALLPOX

10,000 BC - 1979



300+ million

#### Bigpox?

in terms of an estimated death toll, smallpox is the deadliest pandemic in history. The highly contagious, red-inducing infection has killed more than 300 million people. Some believe that 30 percent of the entire population of the New World was wiped out by the disease.

#### SPANISH FLU

1918 - 1919



50-100 million

#### BLACK DEATH

1340 - 1771



75 million

#### Ring Around the Rosie, a Pocket Full of Plague

Legend says the Black Death plague inspired the children's rhyme "Ring Around the Rosie," which alludes to the rash-like rings and ashes of the deceased victims.

#### TYPHUS

430 BC - TODAY

4 million



#### CHOLERA

1817 - TODAY

3 million



#### THIRD PANDEMIC

1855

12 million



#### HONG KONG FLU

1968 - 1969

1 million



# The Major Infectious Disease Pathogens

## Today

- malaria
- TB
- HIV/AIDs
- cholera
- enteric diarrhea pathogens
- Leishmaniasis

## EIDs of Concern

- pandemic (avian) influenza
- dengue
- chikungunya
- Ebola, MERS
- Zika
- engineered agents (bioterrorism)
- antibiotic resistance and HAI





TOM BROKAW  
NBC TV  
30 ROCKEFELLER PLAZA  
NEW YORK NY 10112

1011240002

09-11-01

THIS IS NEXT

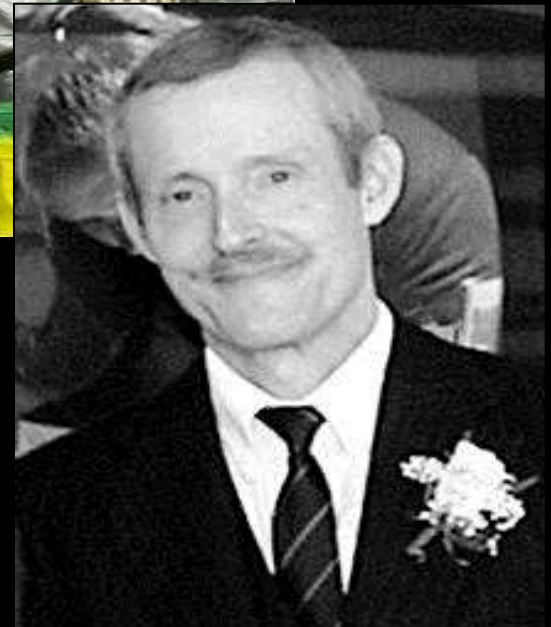
TAKE PENACILIN NOW

DEATH TO AMERICA

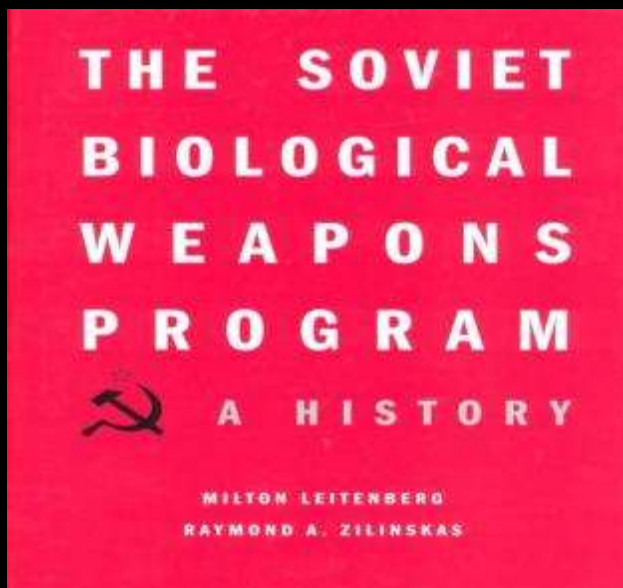
DEATH TO ISRAEL

ALLAH IS GREAT

**“I will show you fear  
in a handful of dust”  
T.S. Elliot**



# The FSU Covert Biopreparat Program in Violation of 1972 BWC





# Asymmetric Warfare and The Appeal of CBW to Extremists



# Synthetic Biology and the Potential of Dual-Risk Research and Bioterrorism

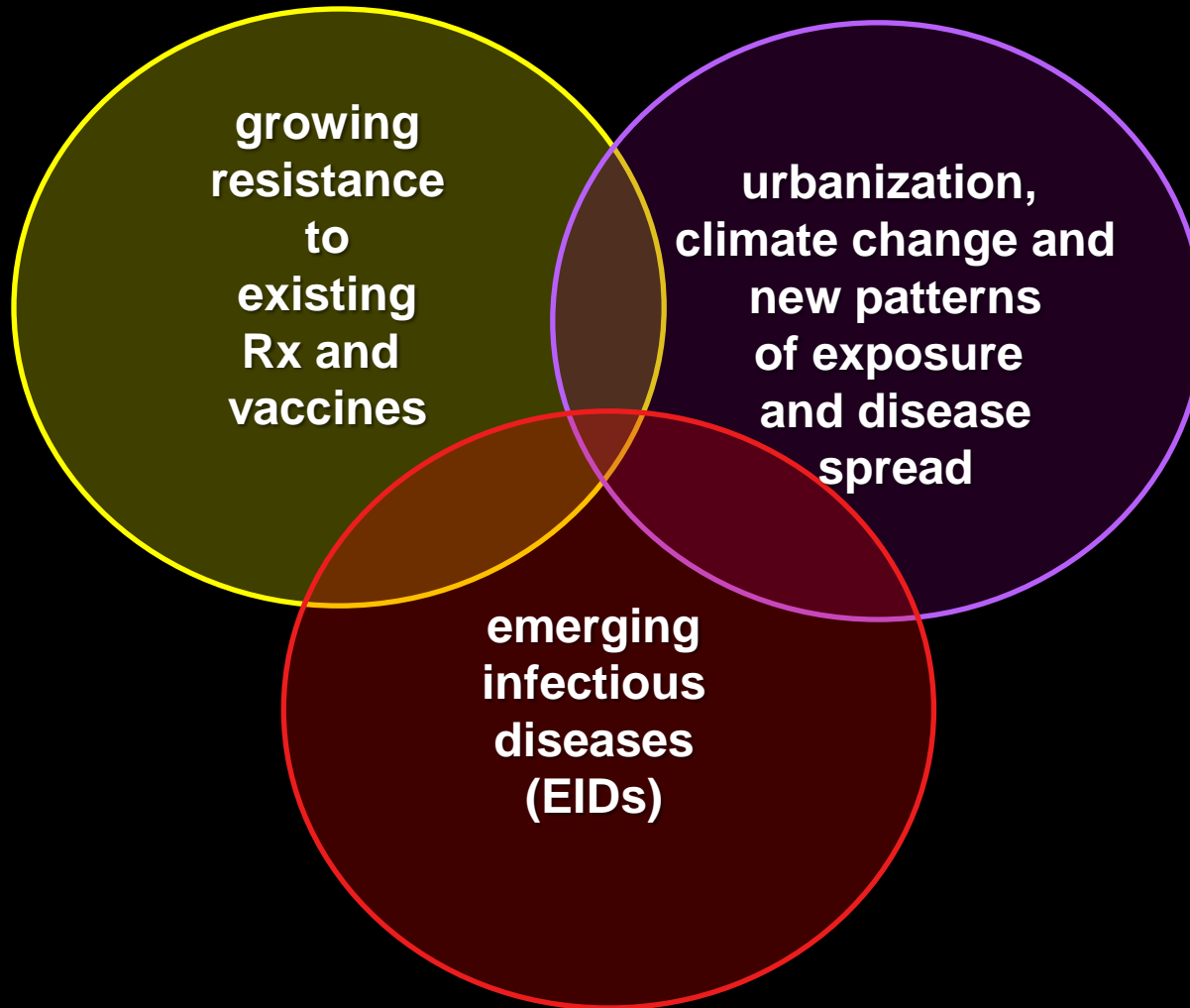


**The Relentless Challenge of Natural Infectious  
(and Parasitic) Diseases**

**The Constantly Changing Dynamics of  
Global Infectious Diseases**

**Host-Pathogen Interactions as Classical Example of  
Evolutionary Dynamics (variation, adaptation, selection)**

# Outpacing Infectious Diseases



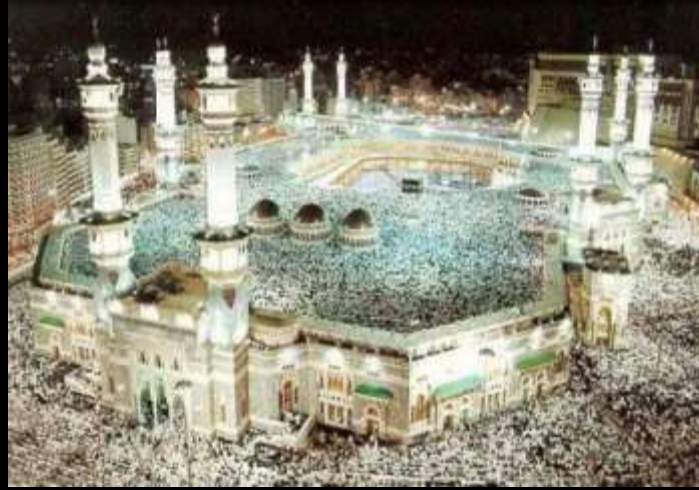
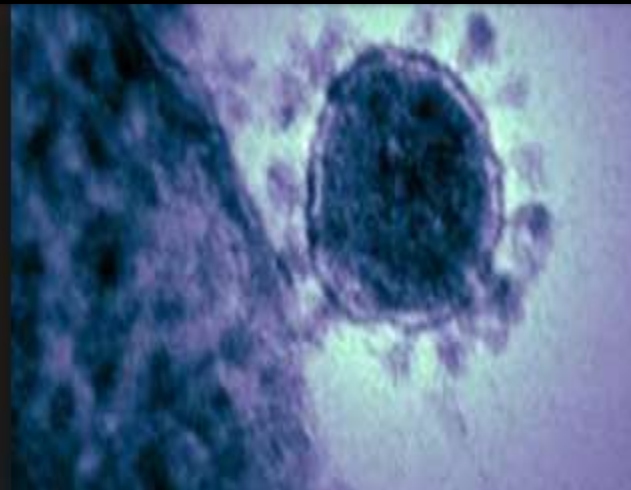


# Human Coronaviruses

## Emergence of SARS-CoV (PRC 2003)



## Emergence of MERS-CoV (KSA 2012)



# Pandemic Influenza: Still the Largest EID Threat?



- H1N1: high transmissibility - low virulence/mortality
- H5N1: low transmissibility – high virulence/mortality
- H5N1 x (H1N1) or (X): potential for devastating pandemic

**The Shifting Geographic Range of  
Pathogens and Their Vectors**

**Global Trade and Travel**

**Ecosystem and Climate-Shifts**



# The Most Lethal Animal Species (Except Humans): Major Mosquito Classes for Vector-Borne Disease

**Anopheles  
gambiae**



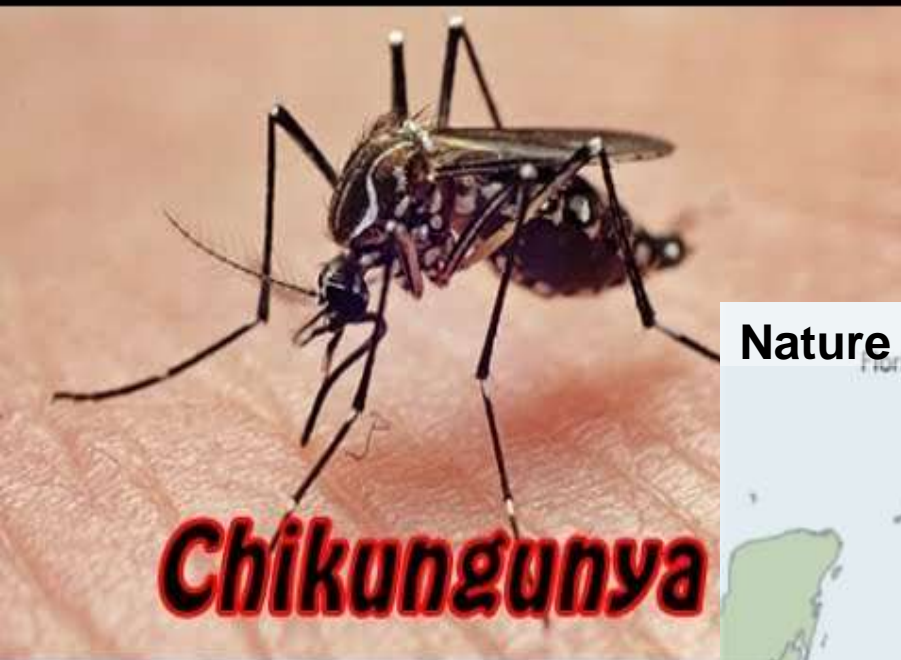
**Aedes  
albopictus**



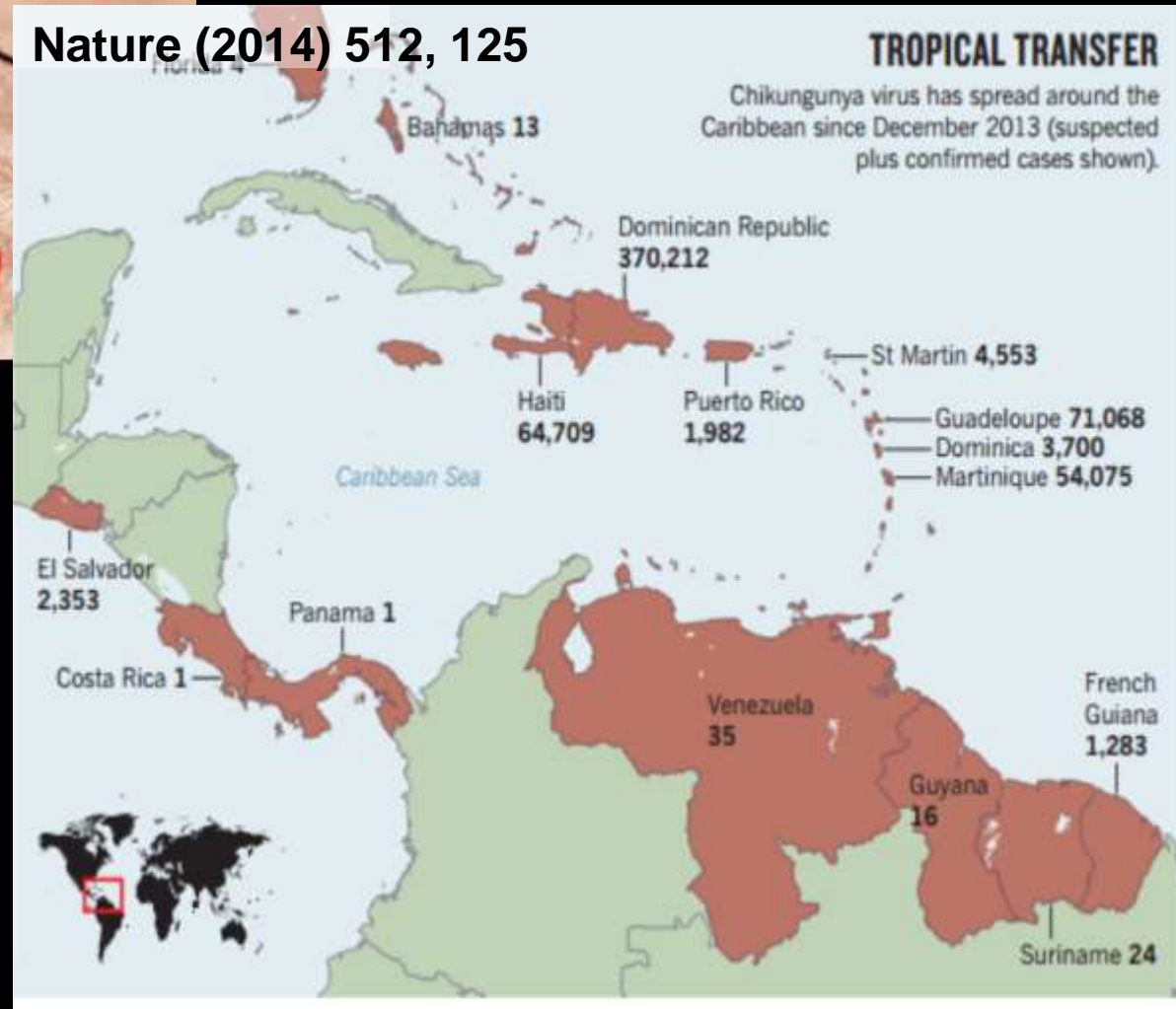
**Culex  
pipiens**







Nature (2014) 512, 125



# The Global Public Health Challenge Posed by Rapid Urbanization in Developing Countries

## High Disease Transmission



## Lack of Safe Water



## Bush Meat Food Chain



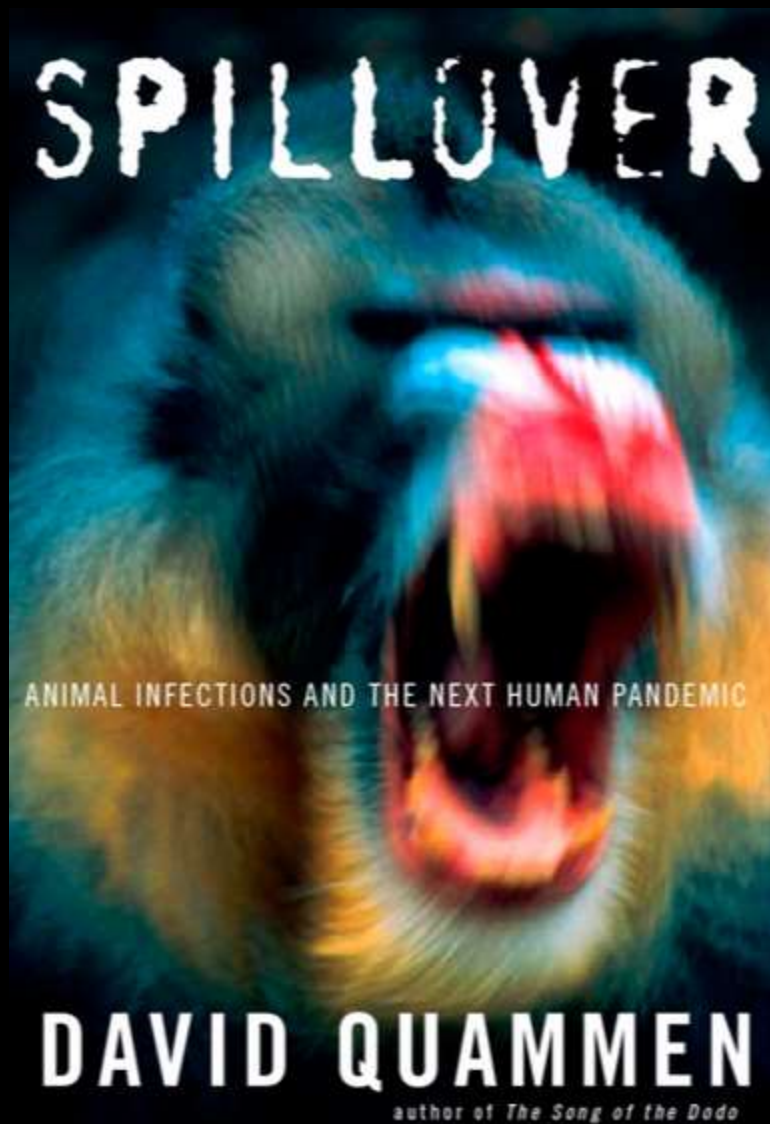
## Major Deficits in Health Infrastructure



## Expanded Eco-niches and Increased Zoonotic Risks



# The Dominant Role of Zoonoses in Emerging Infectious Diseases





# Megacities and New Biosecurity Challenges



- **urban population projected to triple by 2030 with 70% occurring in developing countries (DCs)**
- **most growth will occur in resource-poor, highly fragile and often politically unstable regions**
- **many situated in low-lying coastal areas and vulnerable to flooding and sea level changes**



# Ebola in West Africa (2014)



# Ebola



- both a biological plaque and a psychological one
- not nearly as contagious as many viruses but high lethality generates fear and irrational behavior
- fear spreads faster than the disease
- myth and misinformation (local) and media sensationalism (USA) fuel fear and stigmatization

# **Ebola Virus Disease: West Africa 2014**

- **first outbreak outside East and Central Africa**
- **simultaneous spread across multiple borders**
- **fragile health systems ill-equipped to implement surveillance and containment measures**
- **mistrust and violence against healthcare workers**
- **mistrust exacerbated by military enforcement of quarantine zones**
- **orphans, food shortages**
- **28 million children already orphaned in region due to conflict and HIV/AIDS**



# Ebola in West Africa (2014)



- traditional cultural beliefs in shamanic medicine
- fear of sending loved ones to treatment centers to die alone
- rumors and hostility to role of health workers (particularly westerners) in disease spread
- denials about existence and cause of infection

# Aliens in Our Midst!



# Health workers in Liberia Push an Ebola Patient Who Escaped from Quarantine Into an Ambulance





# Notice the Resemblance?

## Hygiene and Quarantine as the Only Controls Absent Drugs or Vaccines

**Bubonic Plague  
Physician 15th Century**



**Ebola, Liberia  
21<sup>st</sup> Century**



# **The Vital Importance of Biosurveillance**

**Early Detection Saves Lives!**

# Biosurveillance and Accurate Diagnosis: Early Detection Saves Lives!



- Ebola: West Africa
  - December 2013 to March 21 2014
  - IHE not declared until August 2014



# **Ebola in West Africa (2014)**

- **for reasons unknown hiccups are feature of Ebola**
  - **Medecins sans Frontières physician in Geneva sensed the clue in March 2014**
- **blood sample flown to Institut Pasteur March 20 tested positive for Ebola**

## **Identification of Patient Zero and the Source of Infection**

# Bats as the Ebola Reservoir in W. Africa (2014)





**Out of Sight: Out of Mind!**

**The Cocoon of Protection: How Quickly We Forget  
Past Epidemics and Their Toll**

**Reduced Investment in Public Health and Biosecurity:  
A False Economic Gain**

# Comfort and Complacency: The Enemies of Vigilance and Preparedness

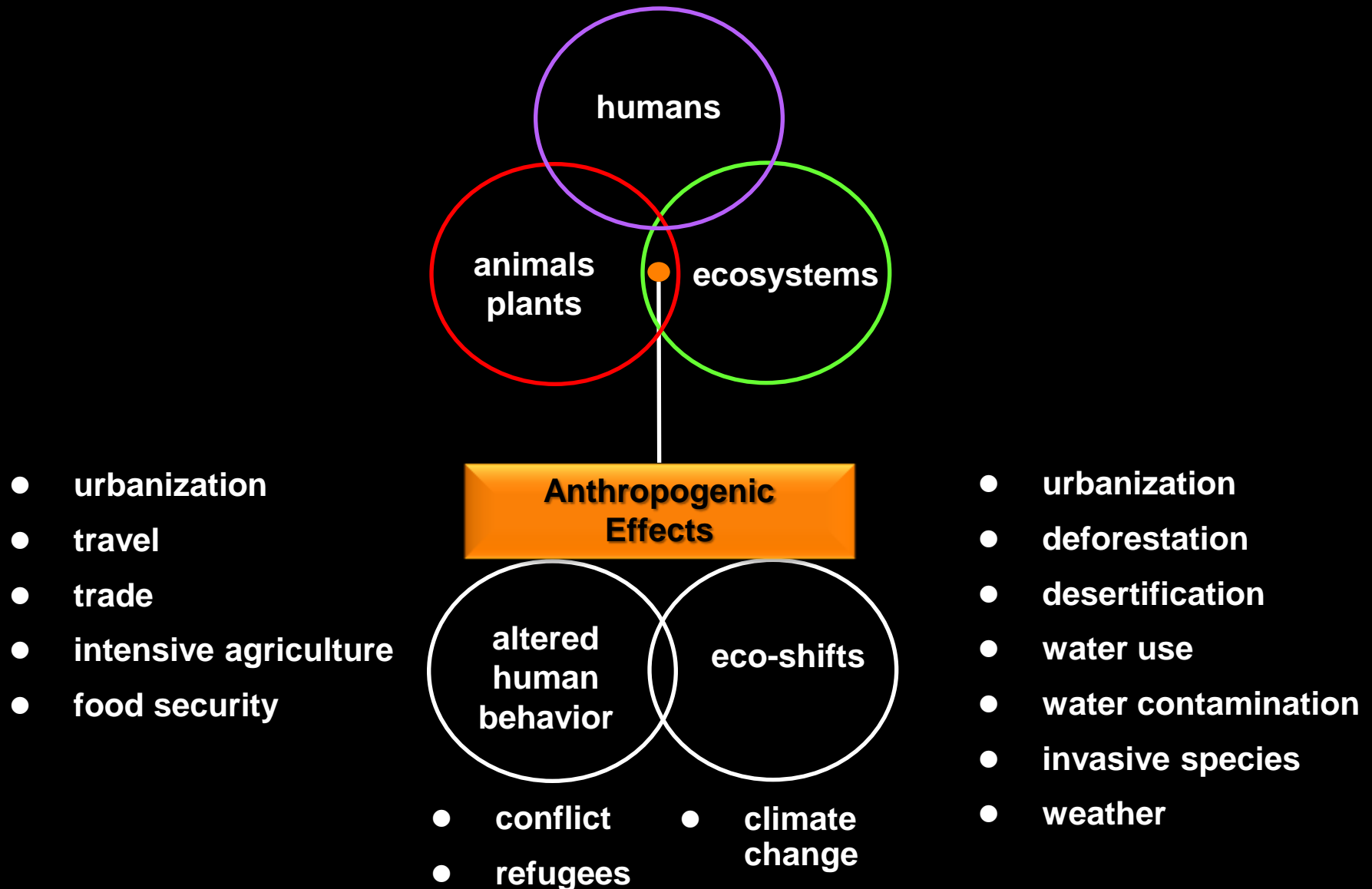


**One Health**

**The Need for a Holistic View of  
Host-Pathogen Ecology**



# One Health: The Need for Holistic Approaches to Address the Complexity of Biosecurity Challenges



**Detection and Management of a Major Bioincident**

**Trade and Transport Make Every 'Local' Event  
a Potential 'Global' Risk**

**Need for Similar Response Capabilities Irrespective of  
Whether Incident of Natural or Nefarious Origin (Terrorism)**

# Preparedness: Building Resilient Systems

- are the risks known and analyzed?
- are there actions for meaningful intervention?
  - tractable, measurable
- if not, how can these be developed and implemented (resources, infrastructure, logistics, cost)?
- what are the principal risks and obstacles to success? (technical, economic, political, social, legal)
- how are these barriers being addressed and, if not, what is needed to reduce/eliminate them? (vulnerability assessment and mitigation)

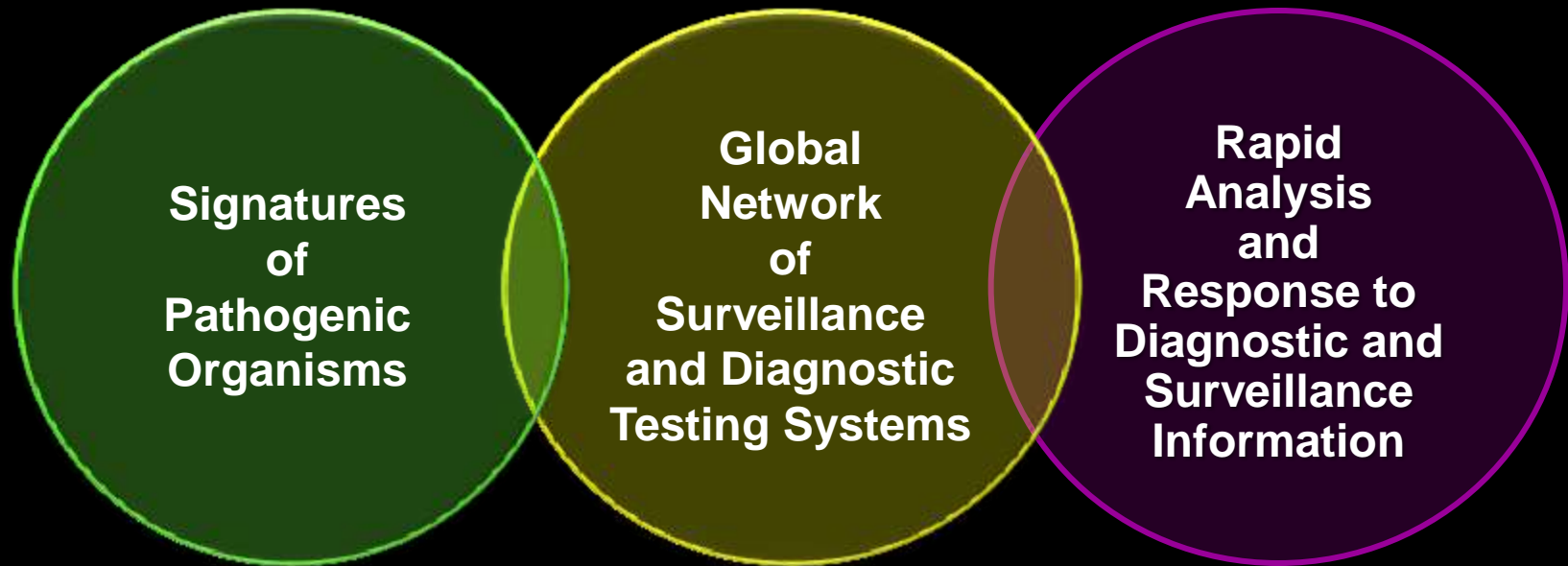


**Biosurveillance: the Value of Early Detection**

**Early Detection Saves Lives!**

**POC Diagnostic Tests, Population Triage and  
Managing the Worried Well**

# Surveillance Systems for the Rapid Detection and Control of Infectious and Parasitic Diseases



**Profile**



**Sense**



**Act**

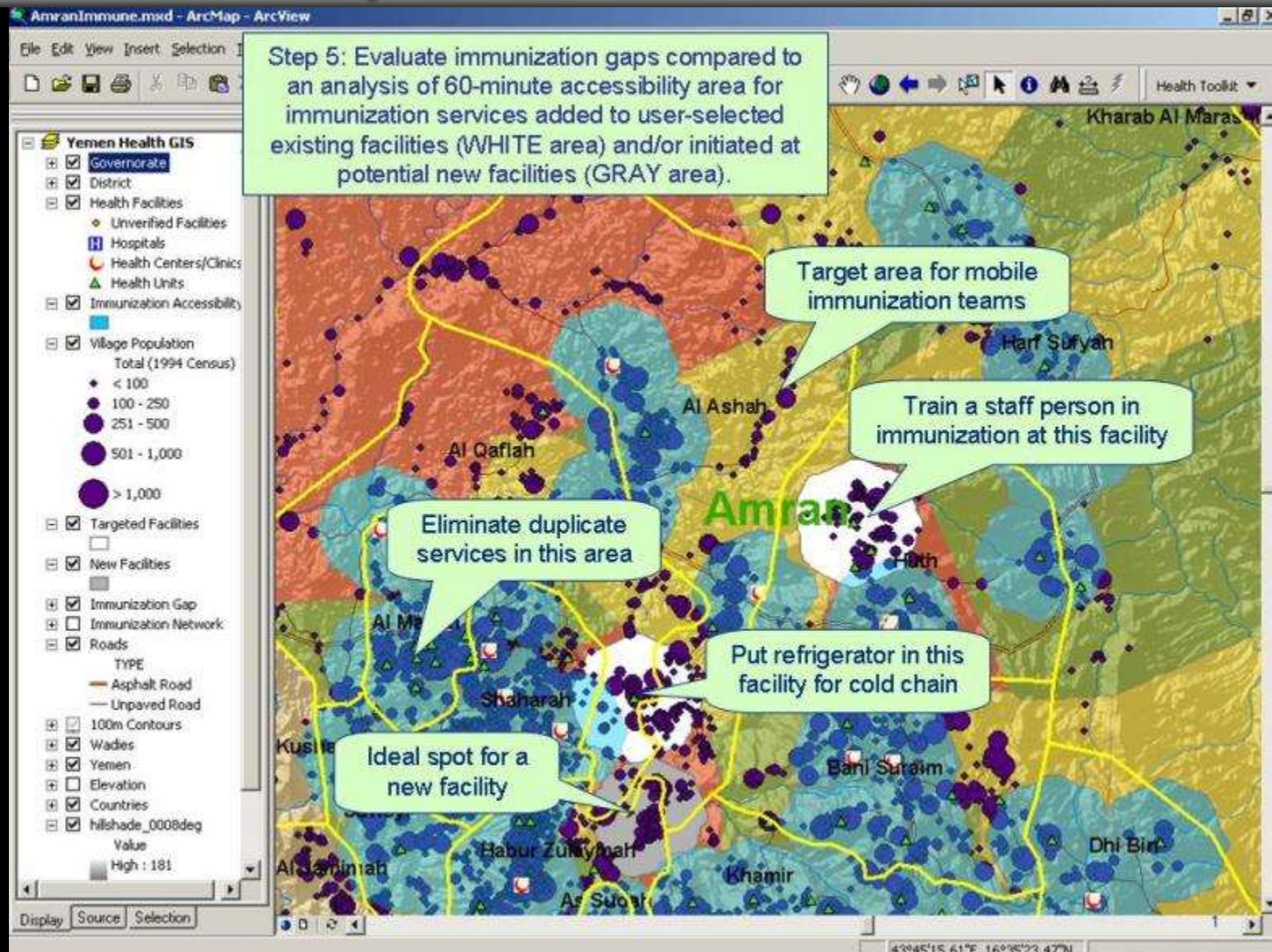


# Geodemographic Information Systems (GIS): Real-Time, Front Line, Ground Zero Data from Field Sampling and Sentinels





# Mapping Epidemic Disease and Targeting Hot Spots for Immunization





# Global Transport and Trade: New Interactions of People, Animals and Product Supply Chains

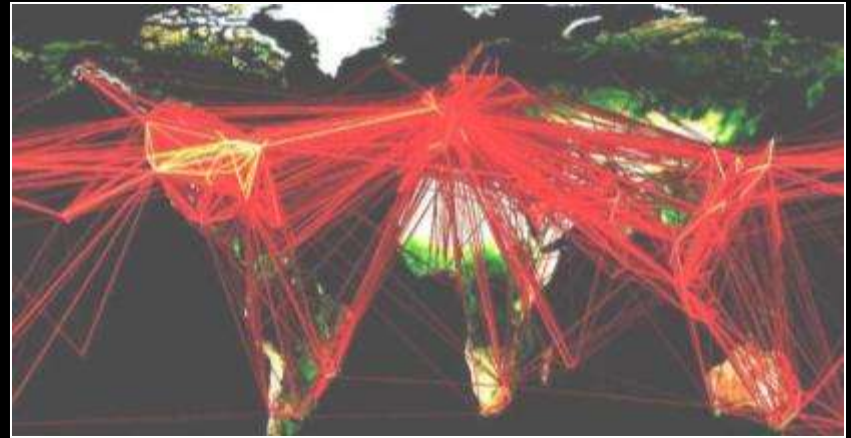
## The Super Vector



**World Container  
Traffic Doubled  
Since 1997**



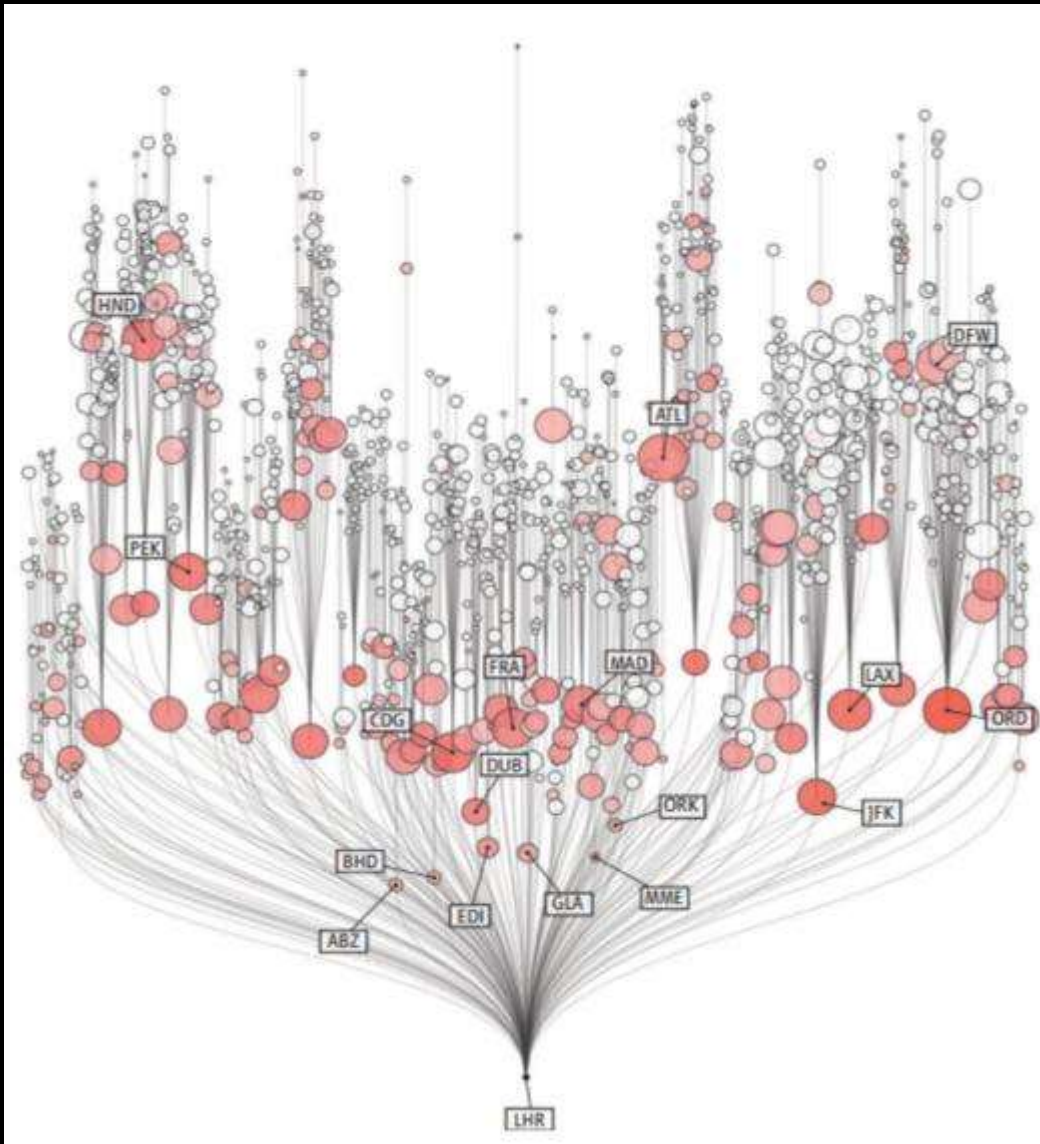
## Billion Cross-Border Travelers



## Global Food Networks



# Coming to an Airport Near You:



**Modeling Airport  
Connectivities, Traffic  
and Distance  
Relationships and  
Implications for  
Epidemic Spread via  
the Global Aviation  
Network**

**From: A. R. McLean  
(2013) Science  
342, 1330**



# **Infectious Diseases (Natural) and Bioterrorism (Nefarious)**

**Shared Features: Stealth and Spread**

# Detection of Infectious Disease Threats:

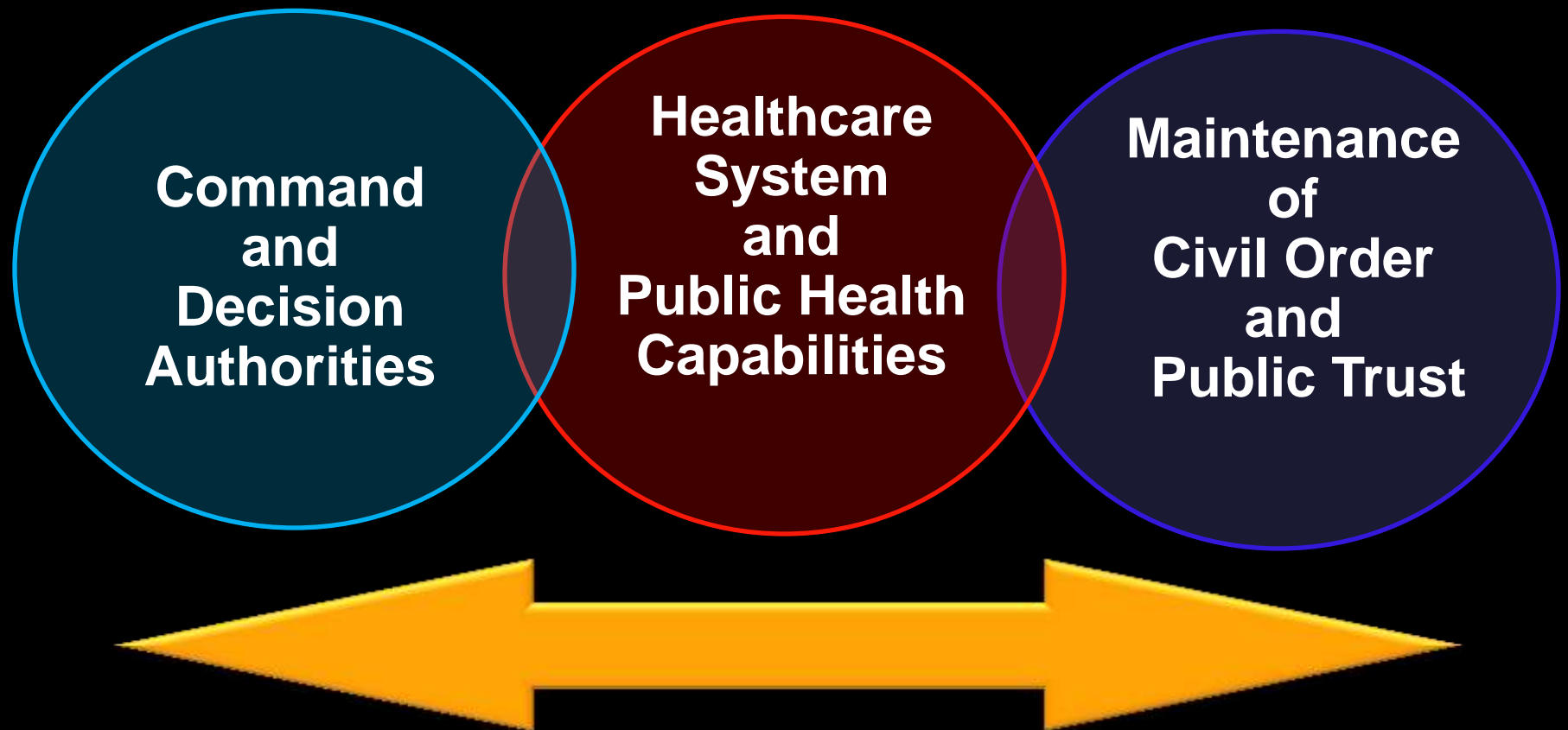
**Not A Hazmat or Wide Area Sensor Network Solution**



**Emergency Rooms and Farms Will be the Front Line**



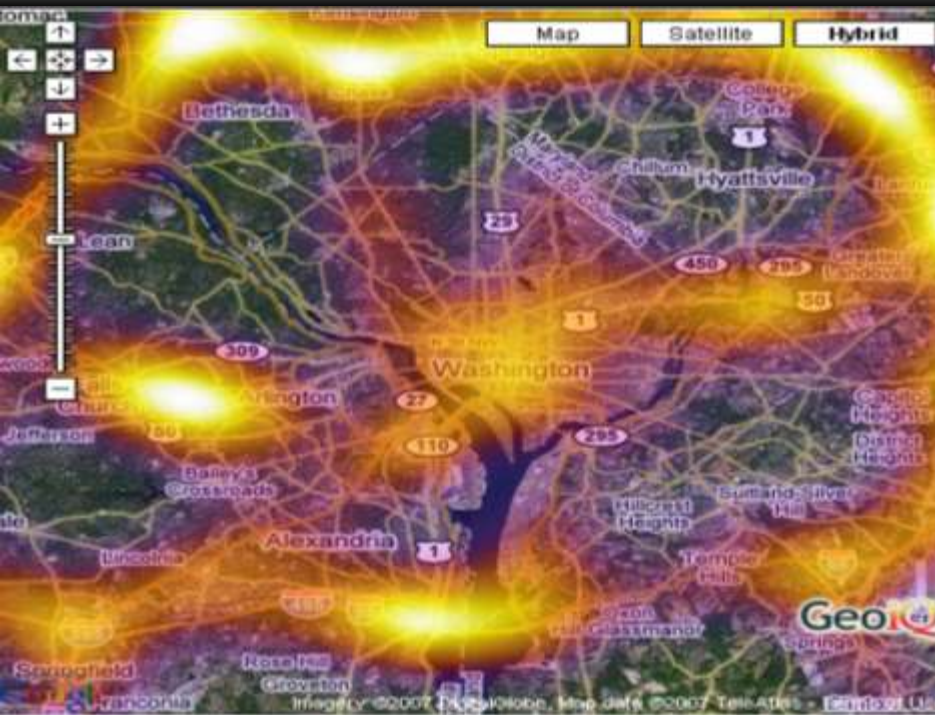
# The Three Core Components of Bioincident Management



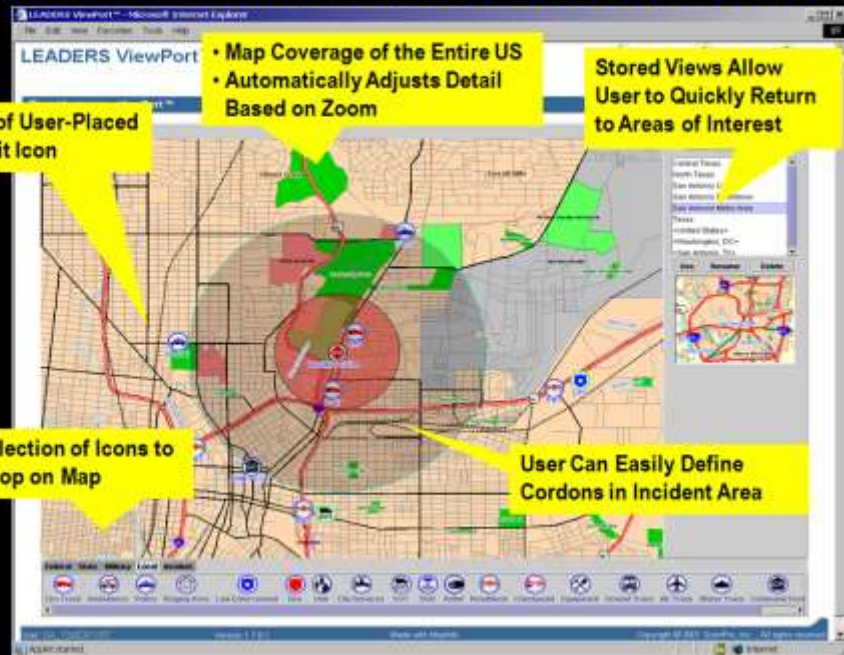
- robust inter-operable communication networks for real-time situational awareness and rapid actions
- managing the media and the 'worried well'
- transparency, credibility and public trust



# Use of GIS for Management of Population Movement, Healthcare Facilities and Supply Chains for Optimum Bioincident Control



## Resource/Situation Awareness - ViewPort™



# **Vulnerability of Global, National and Local Supply Chains in a Major Epidemic/Pandemic**

## **Medicines**

- **“just-in-time” supply networks**
  - **major hospitals 2 or 3 deliveries per day**
- **out-patient prescription drugs**
  - **insurance company limits on prescription volume (USA)**
- **majority of drug intermediates, excipients and final products sourced off-shore**
- **95% generic drugs used in US (64% of total Rx) are made off-shore, primarily in PRC and India**
- **no national stockpile for routine prescriptions**



# Medical Countermeasures (MCMs) for Special Populations: Emergency Use Authorization

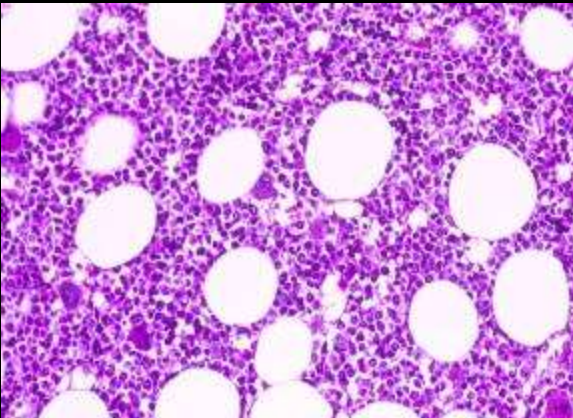
**Children**



**Pregnant**



**Aged**



**Immunosuppressed**



**Impaired Major  
Organ Function**



**ICU-Critical Care**



# **“For most of us design is invisible until it fails”**

**Bruce Mau**



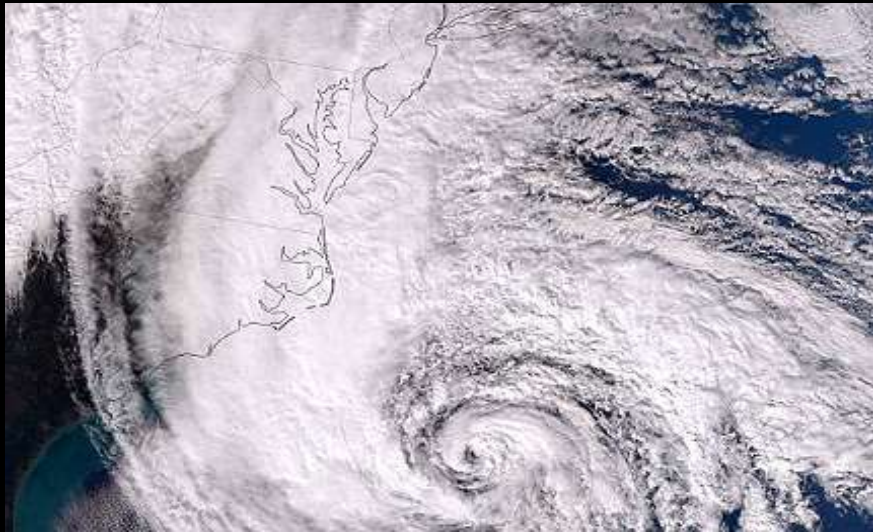


# The 'Fog of Disaster': Crisis Standards of Care and Proliferation of Unanticipated Events and Consequences





# Failure of Power Generators in Major NYC Hospitals During Superstorm Sandy 1 November 2012





# Control of Population Movement and Supply Chain Networks





# Compromising Critical Systems



**Bad Bugs  
and  
Few New Drugs**



# NO ESKAPE!: Resistant Bugs and Few New Drugs



- increasing resistance in G<sup>+</sup> and G<sup>-</sup> pathogens in hospital and community settings

- the **ESKAPE** pathogens

*Enterococcus faecium*

*Staphylococcus aureus*

*Klebsiella pneumoniae*

*Acinetobacter baumannii*

*Pseudomonas aeruginosa*

*Enterobacter species*



## Antibiotic Resistance (Rx<sup>r</sup>)

- adds estimated \$35 billion in healthcare costs
- 8 million additional hospital days per year
- Relentless rise in lethal Rx<sup>r</sup>
- major gaps in new Rx pipeline



# **Drug Discovery and Development: One of the Most Complex Intellectual and Logistical Exercises Undertaken by Modern Industry**

- **\$750 million to \$2 billion R&D cost/drug**
- **9-15 year R&D cycle**

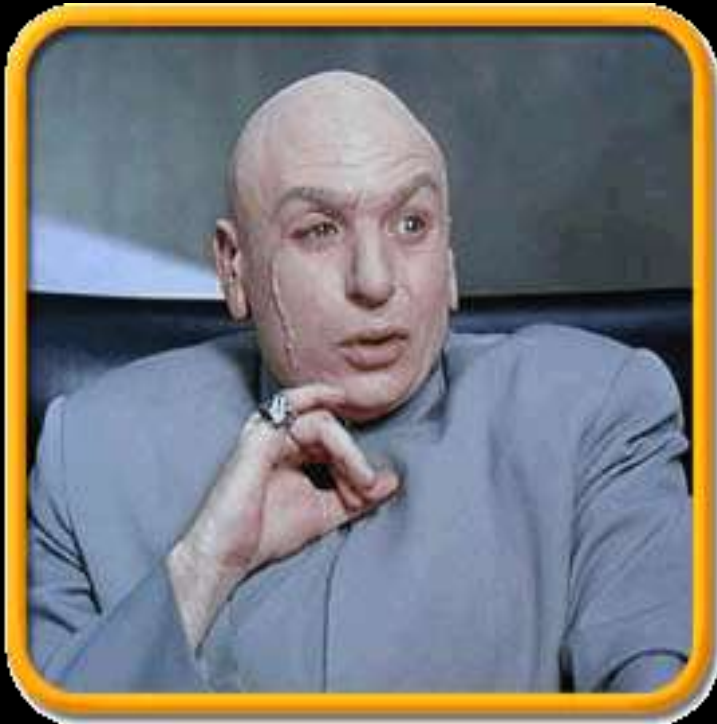
**“Fewer countries have discovered,  
developed and registered drugs  
to an international standard,  
than have developed atomic bombs”**

**Chris Hentshel**

**Medicines for Malaria Venture: Lancet (2004) 363, 2198**

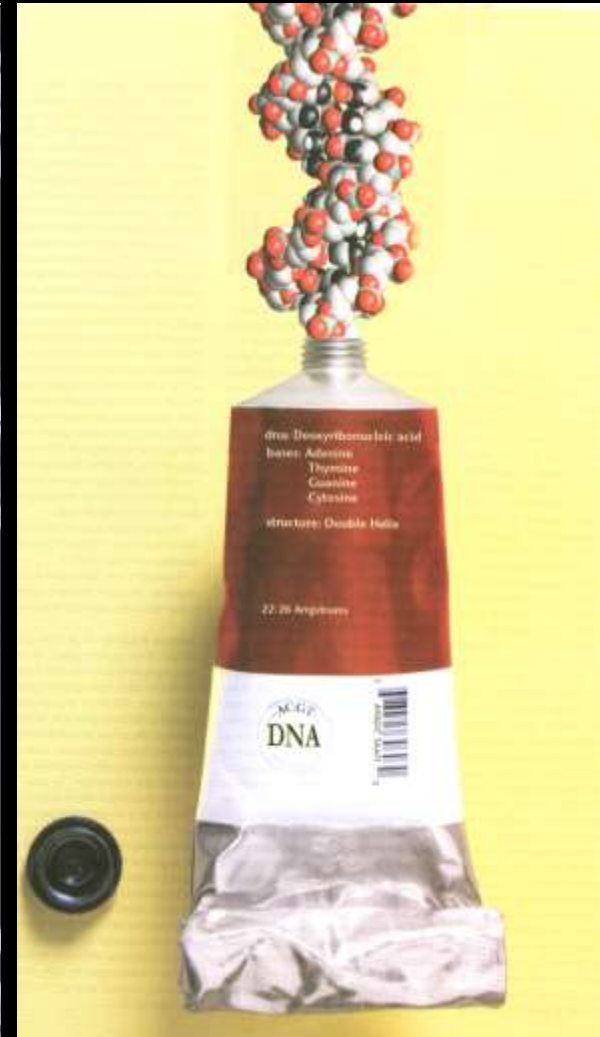
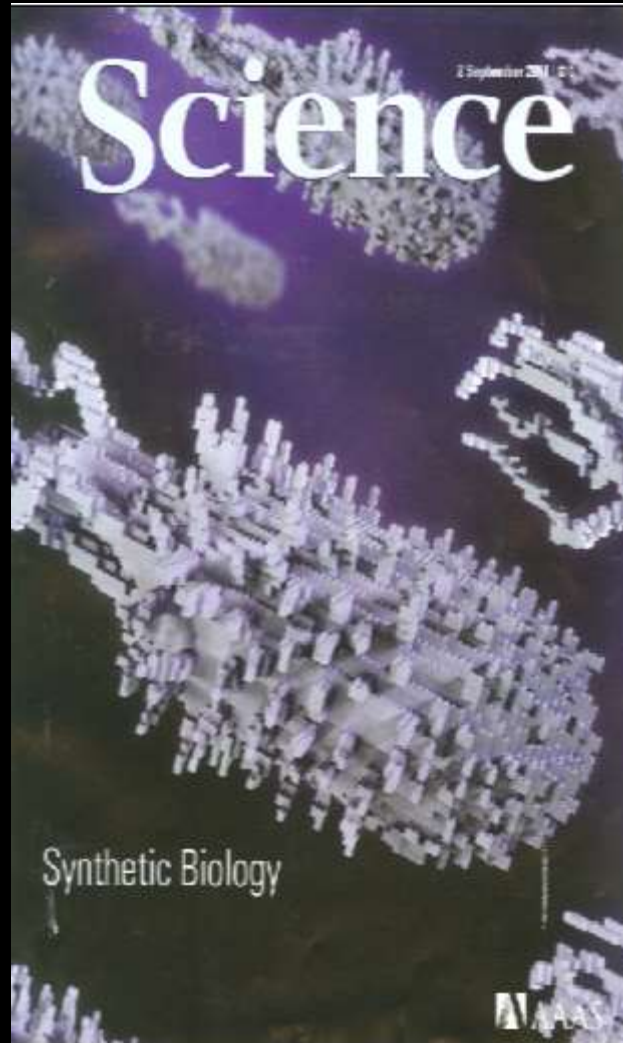
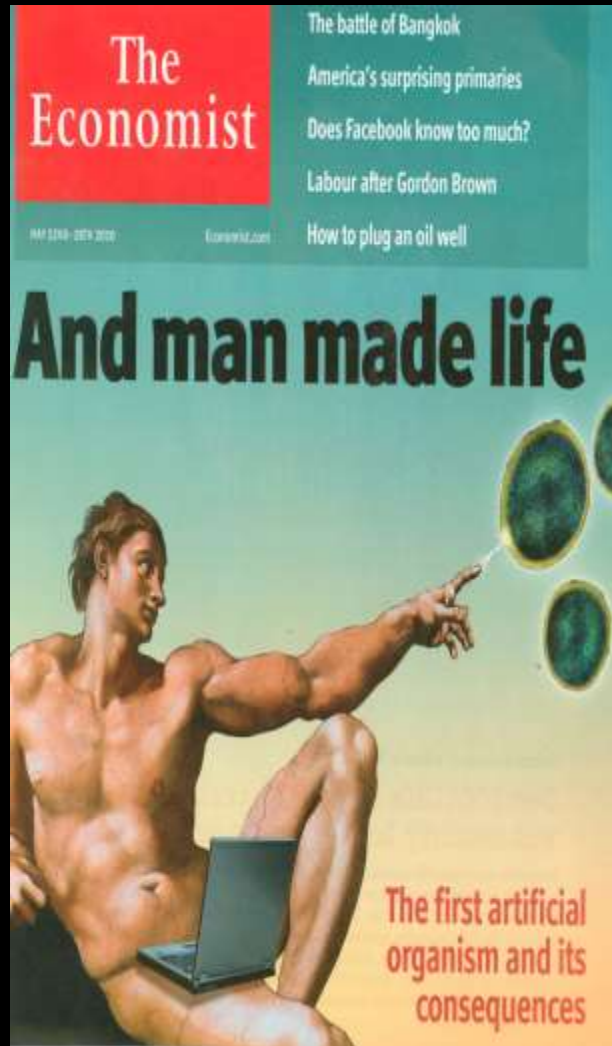


# Future Trajectory Trends and Threat Expansion

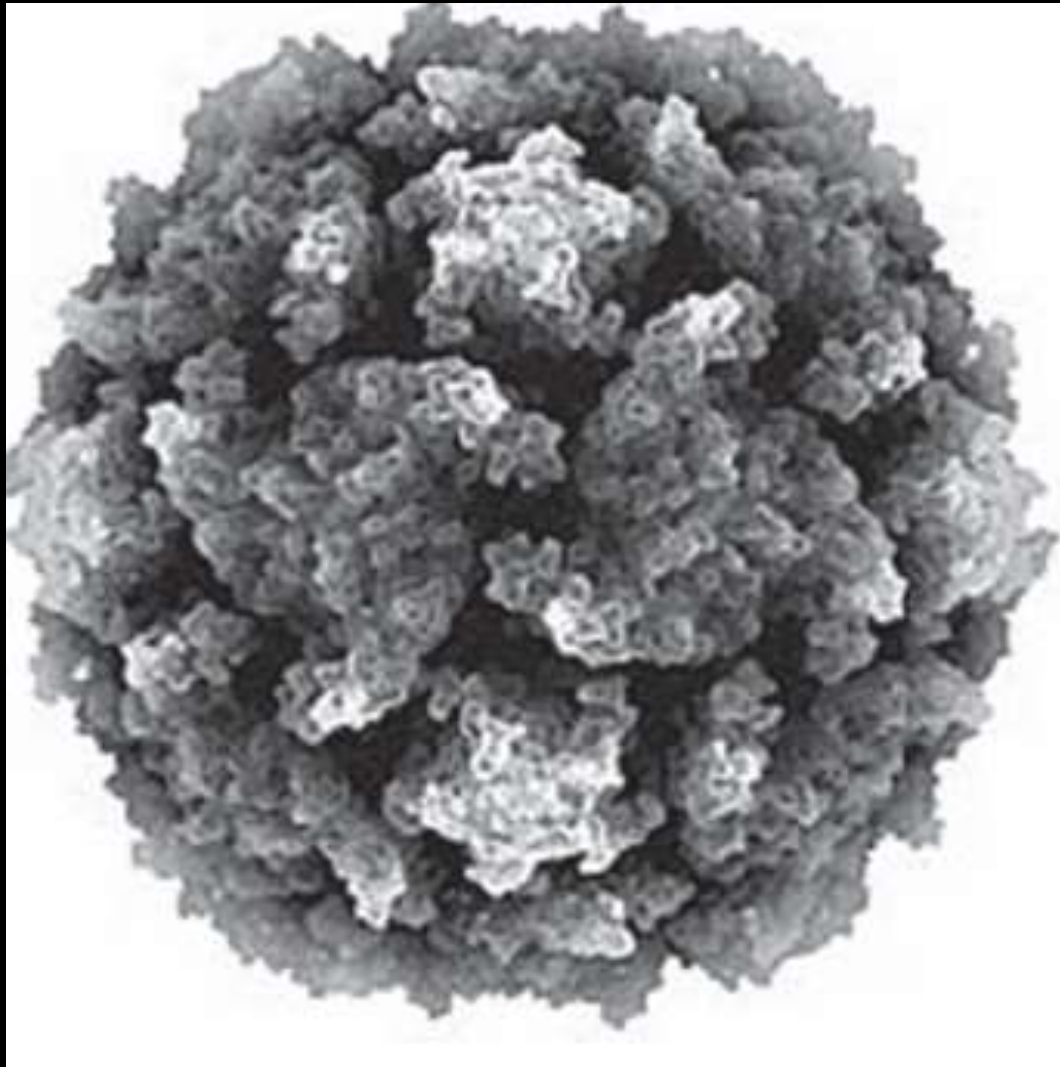


**New 'Dual-Use' Technologies  
and Engineered Biothreats**

# Synthetic Biology



**C332,652; H492, 388; N98, 245; O131, 196 P7, 501; S2,340  
(a.k.a. poliovirus)**



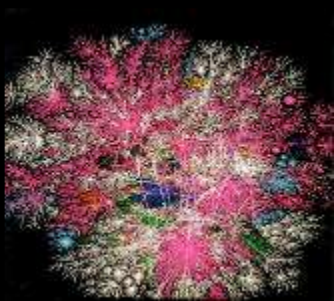
**ATTGACTGCAA .....(design specifications)**



# The Expanded Dimension of the 'Bio' Challenge



- **thinking beyond 'bio' as just infectious agents**



- **systems biology**
  - **targeted disruption of ANY body function**
  - **novel C and B threats**



- **synthetic biology**
  - **exploring biospace: designing new life forms**
  - **designer organisms to attack materials/infrastructure**

# Dual-Use Research of Concern (DURC)

Nature (2012) 482, 153

## COMMENT

**INFLUENZA** Further explanation of the NSABB recommendations p.158



**PRIMATE** Imitation and social learning in apes p.160

**HISTORY** John Dee's weaving of scientific magic in the Elizabethan court p.160

**CANIS VITAE** Trade in whale 'quotas' may be insufficient protection p.162



Pathogenic H5N1 avian influenza has led to the culling of hundreds of millions of birds. A human-transmissible form could have much worse consequences.

## Adaptations of avian flu virus are a cause for concern

Members of the US National Science Advisory Board for Biosecurity explain its recommendations on the communication of experimental work on H5N1 influenza.

Prepared by the American Association for the Advancement of Science  
in conjunction with the Association of American Universities,  
Association of Public and Land-grant Universities, and  
the Federal Bureau of Investigation

## Bridging Science and Security for Biological Research:

### A Discussion about Dual Use Review and Oversight at Research Institutions

Report of a Meeting September 13-14, 2012



**AAAS**  
ADVANCING SCIENCE. SERVING SOCIETY.



ASSOCIATION OF  
PUBLIC AND  
LAND-GRANT  
UNIVERSITIES

# Biosecurity

- **collective term embracing biodefense, public health and dual-use technologies**
- **fundamental but still politically neglected component in national security**
- **understanding how changes in biological systems threaten health and societal stability**
  - **directly and indirectly**
  - **infectious disease, food production**
  - **disruption of transportation and supply chains, economic loss and risk of civil disorder**
  - **ecosystem shifts and new patterns of disease**
- **chronic social and economic instabilities as triggers of political turmoil and military conflict**

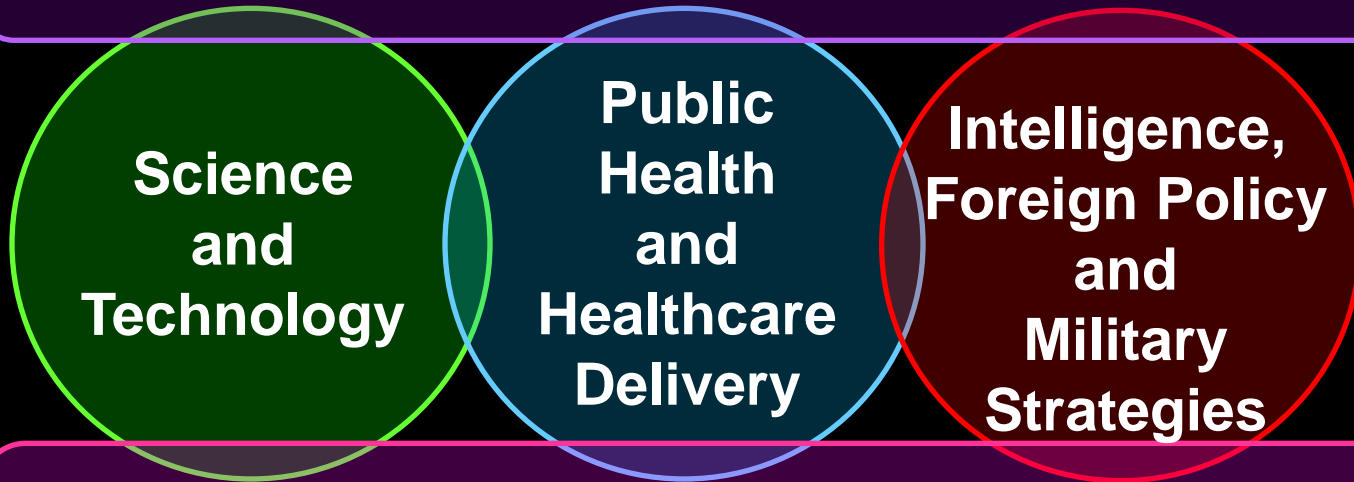


# Biosecurity

- **infectious diseases as dynamic foes**
- **relentless dynamic shifts in pathogen biology and geography (evolution at work!)**
- **reality: outpacing infectious diseases versus conquest**
- **preparedness: surveillance, infrastructure, personnel**
- **innovation and investment incentives: drugs, diagnostics and vaccines**
- **new (dual use) technologies and engineered threats**
- **risk assessment and proactive actions: public health and national security**

# Biosecurity: A Classic Complex Systems Challenge

- global perspectives
- biological, economic, and political ecosystems



- societal priorities and cost of biosecurity
- political and military conflict:  
ideologies, intents and capabilities

# Biosecurity





# Building Robust Defenses for Biosecurity

- **governments must accord higher priority to 'biosecurity' as a integral component of national security and foreign policy**
- **(re)building a national and international infrastructure for the surveillance, diagnosis and containment of infectious diseases is fundamental to future protection against major instabilities triggered by infectious agents, whether of natural or malevolent origins**

**“Politics is the art of the possible,  
the calculated science of survival”**

**Prince Otto von Bismarck**



**“Survival owes little to the art of politics,  
but everything to the calculated application  
of science”.**

**Professor Rudolph Virchow  
(in reply)**



Slides available @ <http://casi.asu.edu/>

