

Biosecurity: Enhancing Security in an Increasingly Unsecure World

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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**

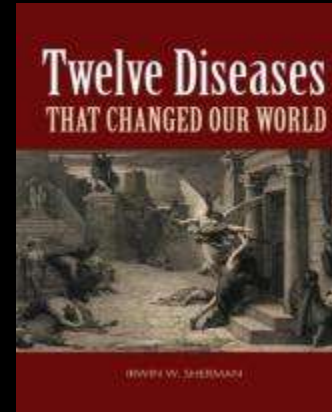
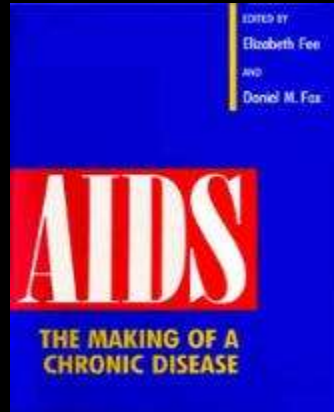
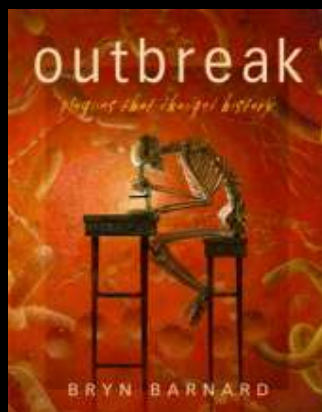
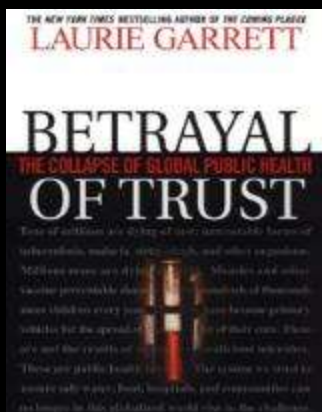
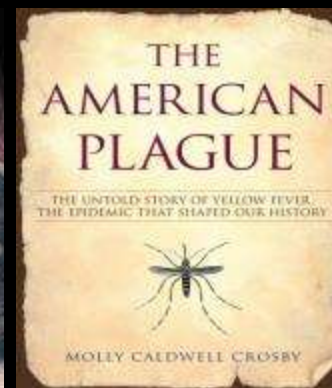
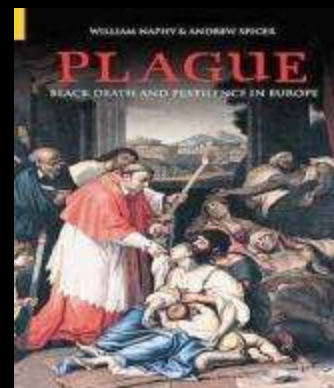
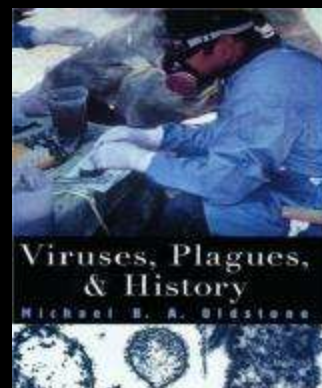
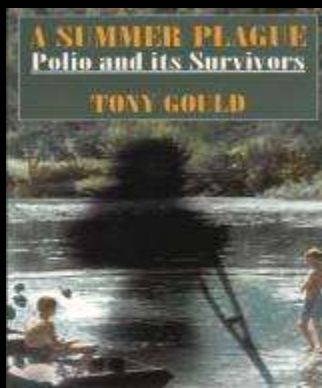
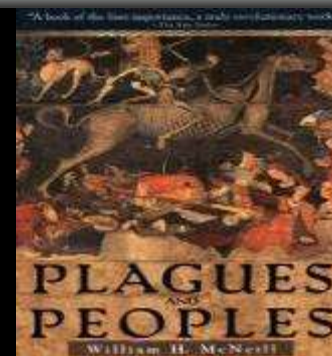
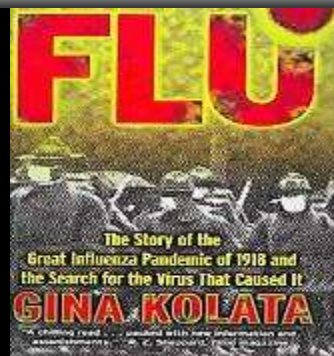
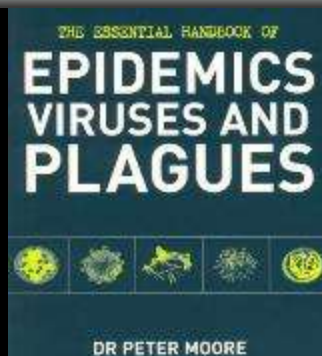
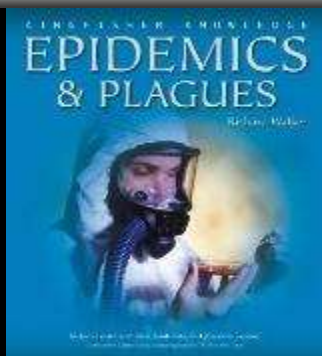


The Multi-Dimensional Complexity of Biosecurity

- **host-pathogen interactions**
- **ecosystem shifts and new host-pathogen interactions**
- **one health: human health, animal and plant health, ecosystem health**
- **trade and transport: every local incident is a potential global threat**
- **poverty, illiteracy and inadequate biosurveillance and public health systems in DCs**
- **out of sight and out of mind: complacency and neglect of Western public health systems for infection control**
- **conflicts and terrorism: from accelerated spread of natural disease to bioterrorism**

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

Infectious Disease: A Powerful Force in Human Evolution



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?

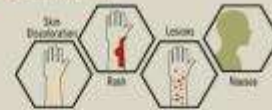
Derived from the Greek word *pandemos* meaning "pertaining to all people," a pandemic is a widespread disease that affects humans over a wide geographic area.

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?

is born of an untroubled death but, 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
- 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

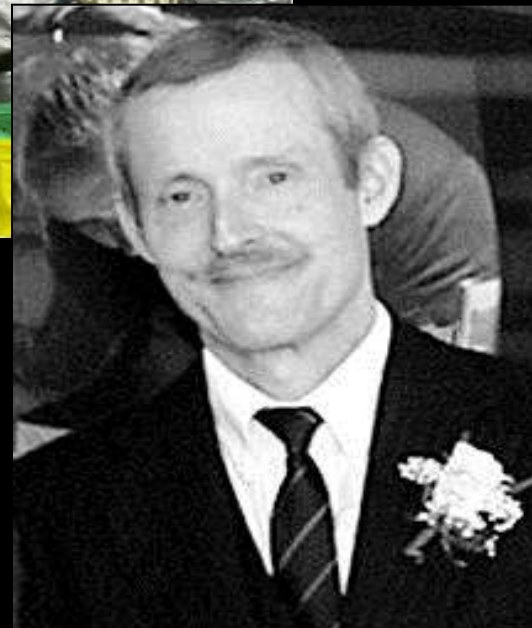
TAKE PENACILIN NOW

DEATH TO AMERICA

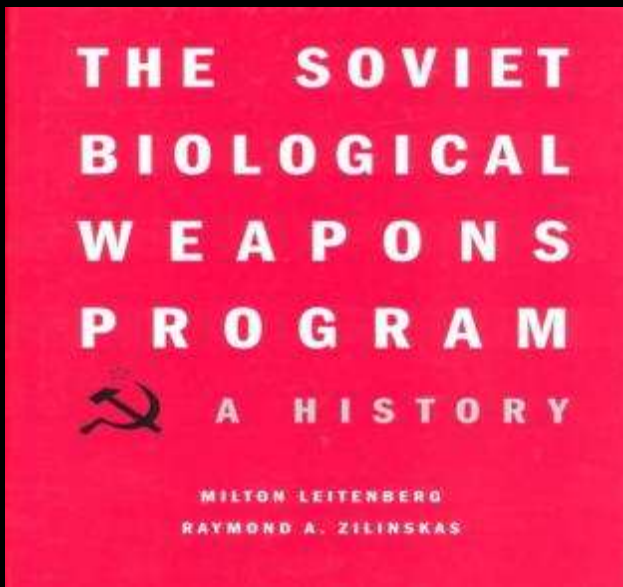
DEATH TO ISRAEL

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

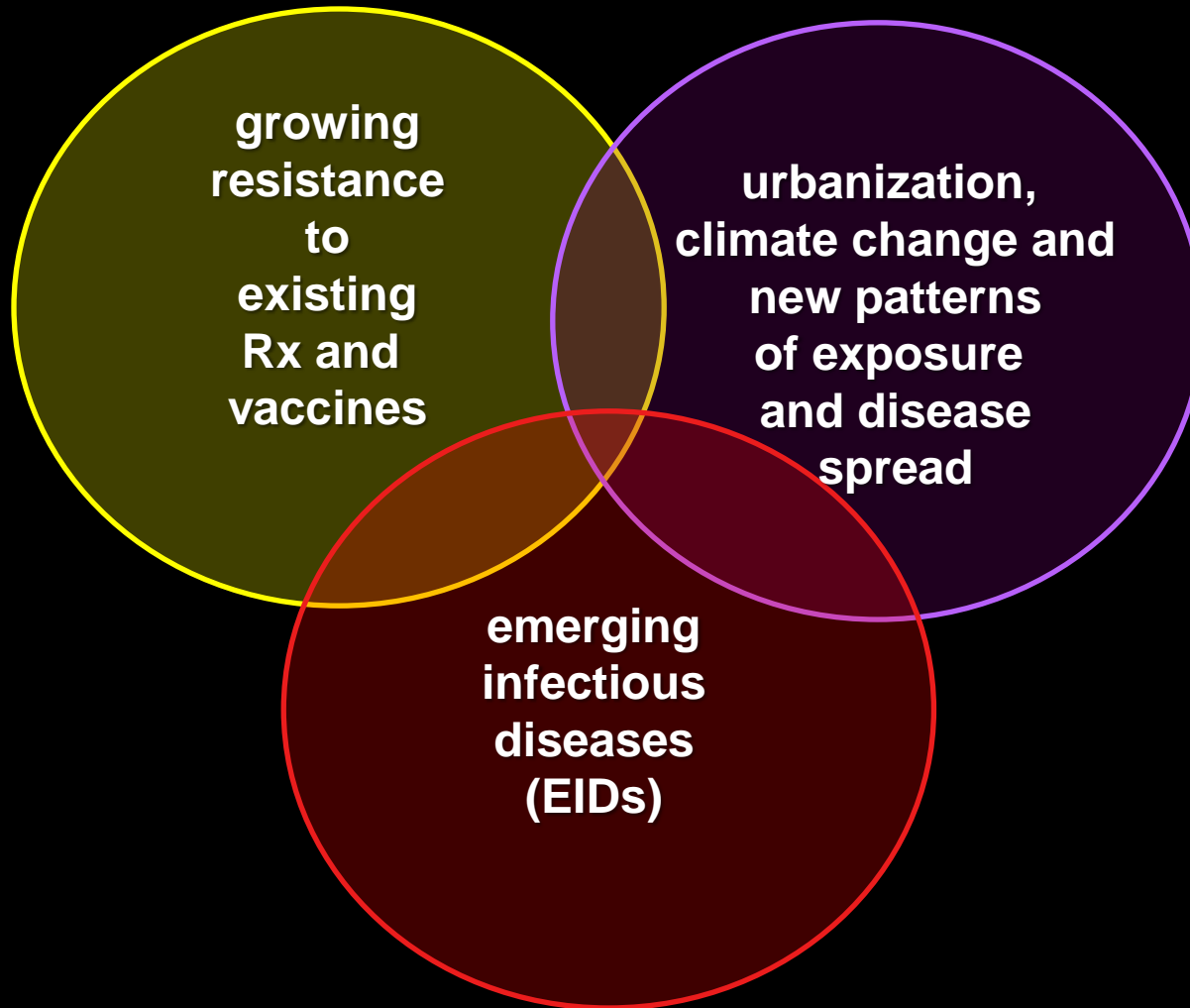


**The Relentless Challenge of Natural Infectious
(and Parasitic) Diseases**

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

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

Outpacing Infectious Diseases



**In an Increasingly Interconnected World
Local Events May Have Global Consequences**

**Too Many Recent Examples of Ignoring
Connectedness and Unprepared for the Consequences**

The Ever Shifting Dimension of EIDs

West Nile Virus, New York 2001



Monkeypox, USA May-June 2003



West Nile Virus, Dallas, TX 2012



African Swine Fever, Russia 2012

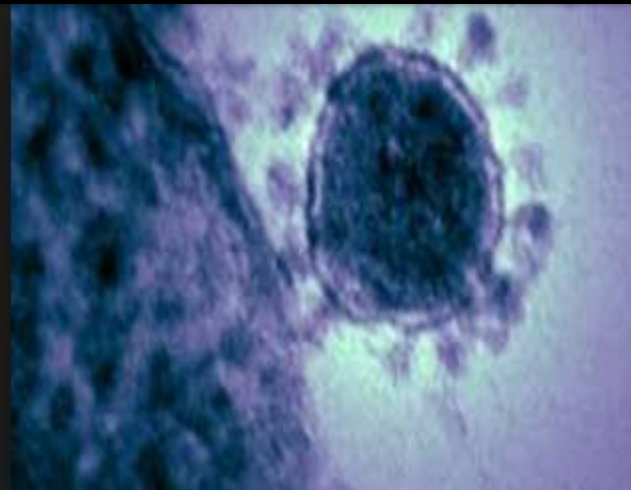


Human Coronaviruses

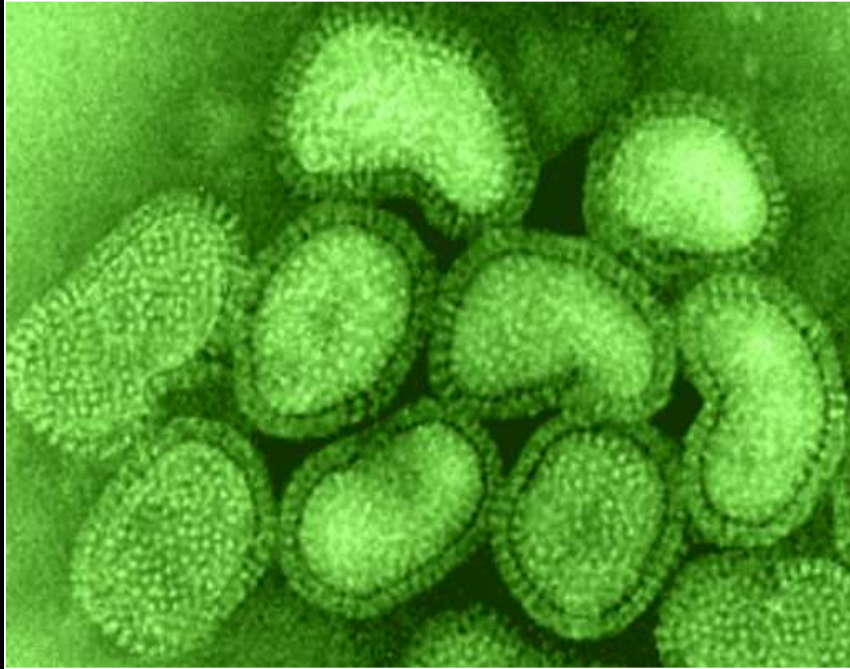
Emergence of SARS-CoV (PRC 2003)



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**

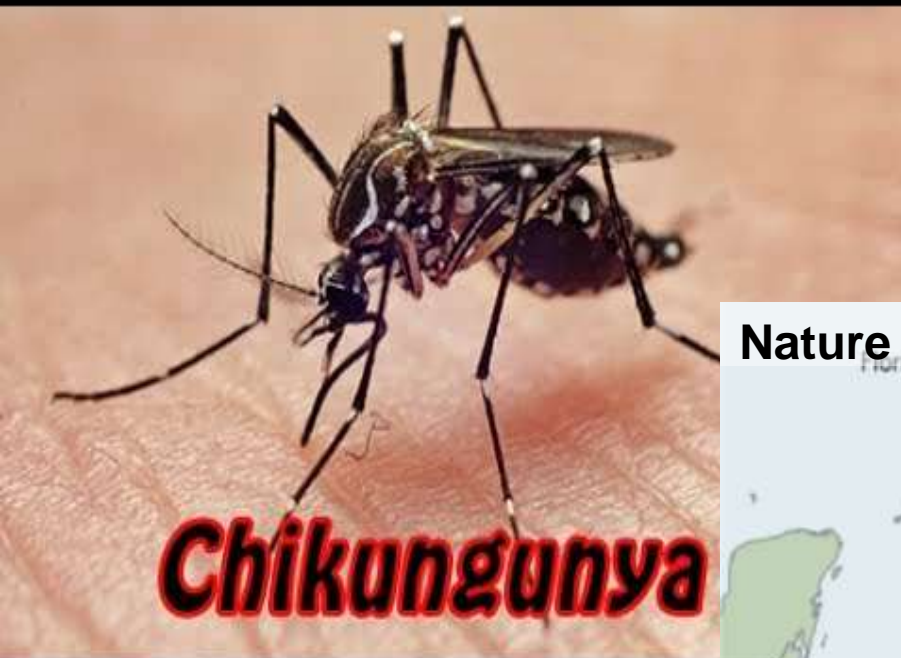


**Aedes
albopictus**

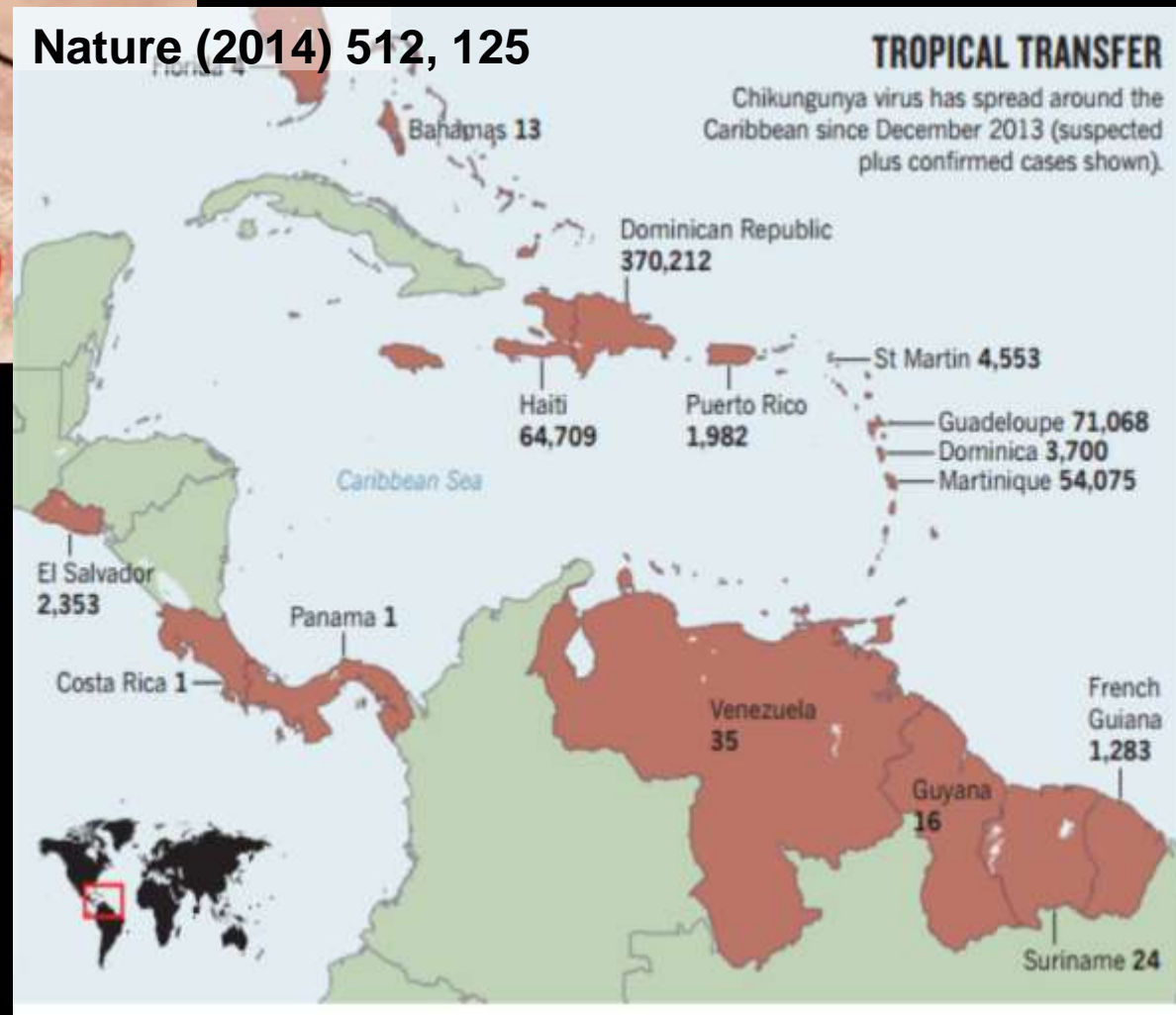


**Culex
pipiens**





Nature (2014) 512, 125



Common Features of Urban Epidemic Transmission of Dengue and Chikungunya Viruses

- same vectors: *Aedes aegypti* and *Ae.albopictus*
- anthroponosis: does not require a non-human amplifier host
- estimated 3.6 billion people in 124 countries now at risk
- no vaccines or therapies
- public health focus on vector control
- potential need to initiate screening of US blood supply (cf. HIV, Hep. C)

No Shortage of Vectors for Infectious and Parasitic Diseases

Aedes aegypti



Aedes albopictus



Culex pipiens



**Sand Flies
(Psychodidae)**



**Triatominae
Bugs**



**Ixodes
Ticks**



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

High Disease Transmission



Lack of Safe Water



Bush Meat Food Chain

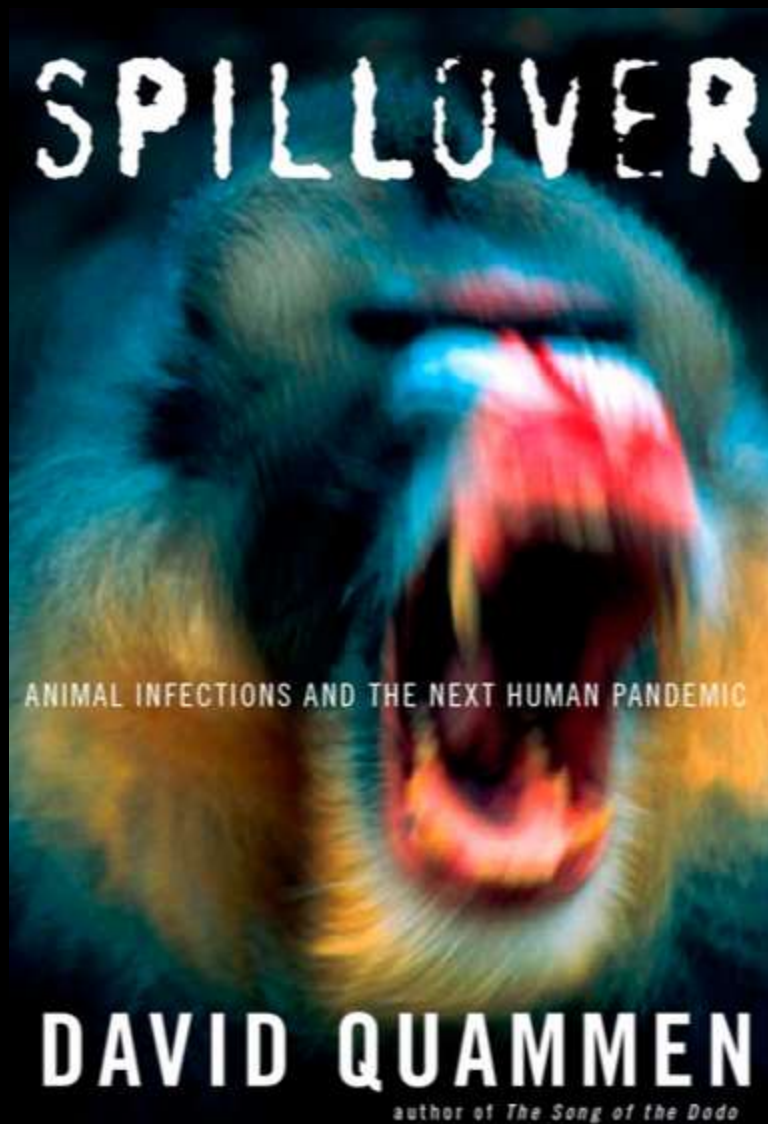


Major Deficits in Health Infrastructure



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



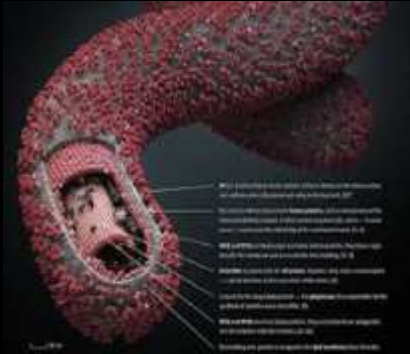
- both a biological plaque and a psychological one
- not nearly as contagious as many viruses but high lethality generates fear and irrational behavior
- fear spreads faster than the disease
- myth and misinformation (local) and media sensationalism (USA) fuel fear and stigmatization



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**

Denial, Fear and “Shadow Zones”: Ebola Virus Epidemic W. Africa 2014



- many of the few available treatment centers and clinics closed
- shortage of biohazard control materials
- families hide stricken individuals
- corpses buried in rural villages without adequate containment
- health workers attacked as perceived Ebola carriers
- community resistance, lack of personnel and vehicles hinder both investigation and containment in the “shadow zones”

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

Ebola in West Africa (2014)

Superstition, Suspicion and Fear

- **Shaman's claim of plague created when a white snake was killed but all could be cured by sacrificing seven cows**
- **myth created by President Condé to delay pending elections**
- **President Condé introduced the virus to kill the Kissi tribe**
- **white foreigners in yellow space suits had brought the disease**
- **yellow suited aliens at the treatment clinics were harvesting organs for transplants for affluent patients in Europe/USA**

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
21st Century**



Containing the Epidemic Without Effective Drugs or Vaccines

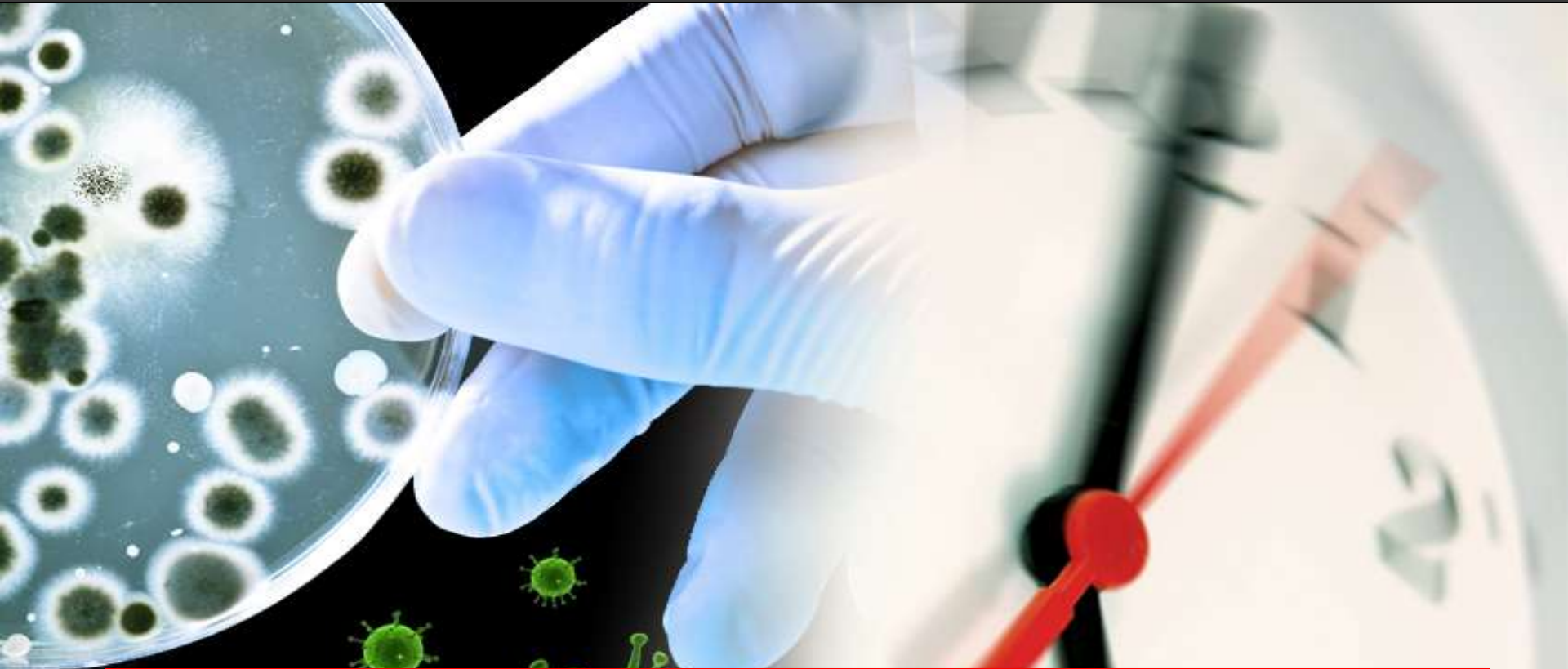
Critical Success Factors

- **speed and agility matter!**
- **respond on virus time not bureaucrat time**
- **faster diagnosis saves lives**
- **engagement of local leadership to build trust and counter misinformation**
- **sensitivity to cultural issues wherever feasible**
- **simple changes can produce substantial gains**

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

Global Surveillance Against Infectious Disease Outbreaks

E.H. Chen et. al. (2010) PNAS 107, 21701

- **398 WHO-verified outbreaks 1996-2009**
 - **median times**
 - **23 days for event detection**
 - **32 days for public communication**
 - **35 days for official laboratory confirmation**
 - **48 days for inclusion in WHO Disease Outbreak News**
-
- **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**

nature

THE INTERNATIONAL WEEKLY JOURNAL OF SCIENCE

EBOLA: DID WE LEARN?

*How to beat this epidemic
and prepare for the next*



Identification of Patient Zero and the Source of Infection

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

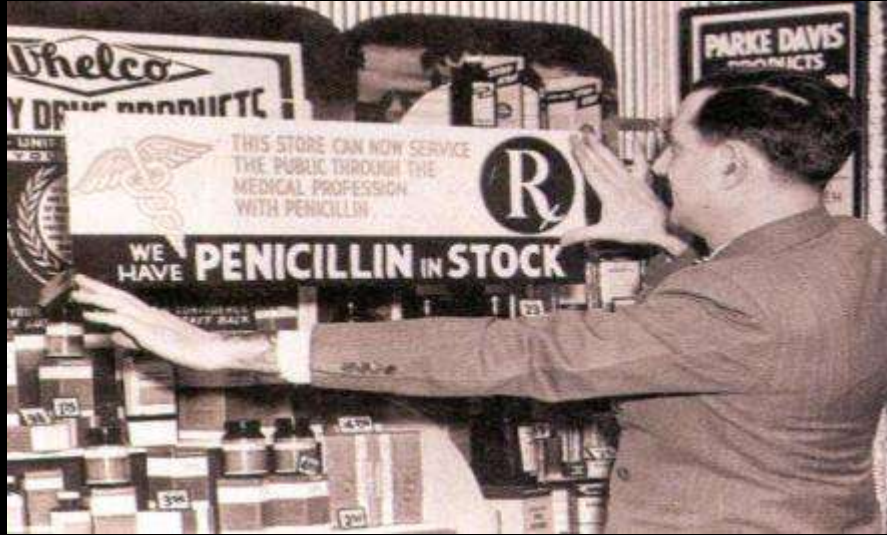


Out of Sight: Out of Mind!

**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



The Evolving Nature of Human Infectious and Parasitic Diseases

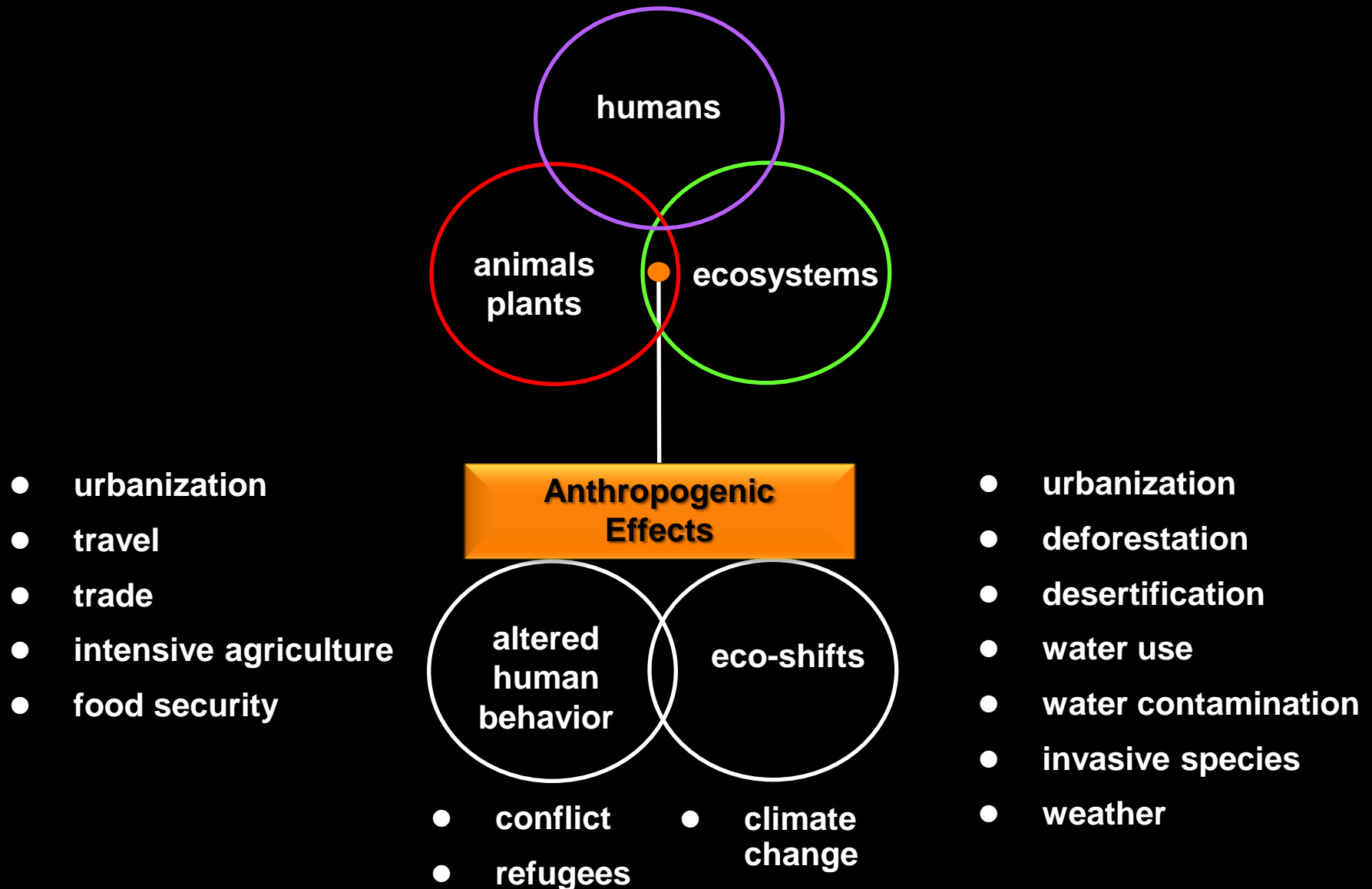
1407 species of human pathogens

- 538 bacteria
 - 57 protozoa
 - 60% are zoonoses
 - over 70% zoonoses arise from interactions with wildlife
 - Emerging Infectious Diseases (EIDs)
 - 58 in last 25 years
 - viruses significantly over-represented
 - RNA viruses most variable and rapidly changing
 - helminths under-represented
- 208 viruses
 - 287 helminth worms
 - 317 fungi

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



**Asleep at the Switch and Pay the
Consequences or Proactive
Preparedness?**

**Growing Number of Wakeup Calls
That Biosecurity Matters!**

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

Signatures
of
Pathogenic
Organisms

Global
Network
of
Surveillance
and Diagnostic
Testing Systems

Rapid
Analysis
and
Response to
Diagnostic and
Surveillance
Information

Profile



Sense



Act





Global Disease Surveillance



EMERGEncy ID NET



Public Health Department's Surveillance



U.S. Influenza Sentinel Provider Surveillance Network



Quarantine Activity Reporting System (QARS).

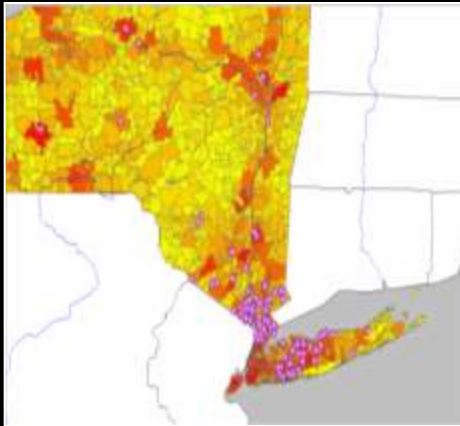


Geodemographic Information Systems (GIS): Real-Time, Front Line, Ground Zero Data from Field Sampling and Sentinels

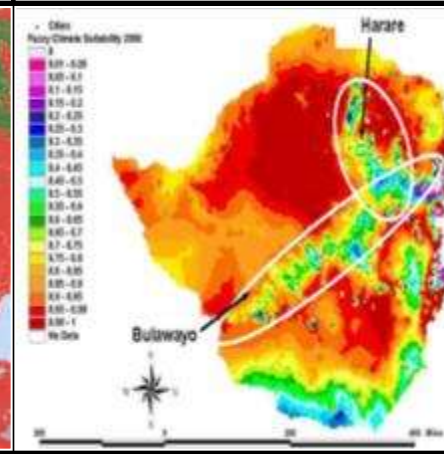
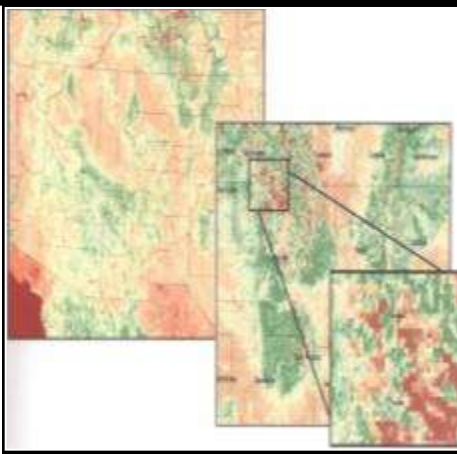
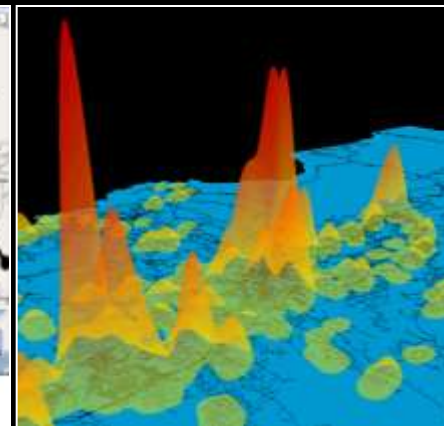


Geodemographic Information Systems: Mapping Disease Patterns and Modeling Trends

Anomaly Detection and Early Alert

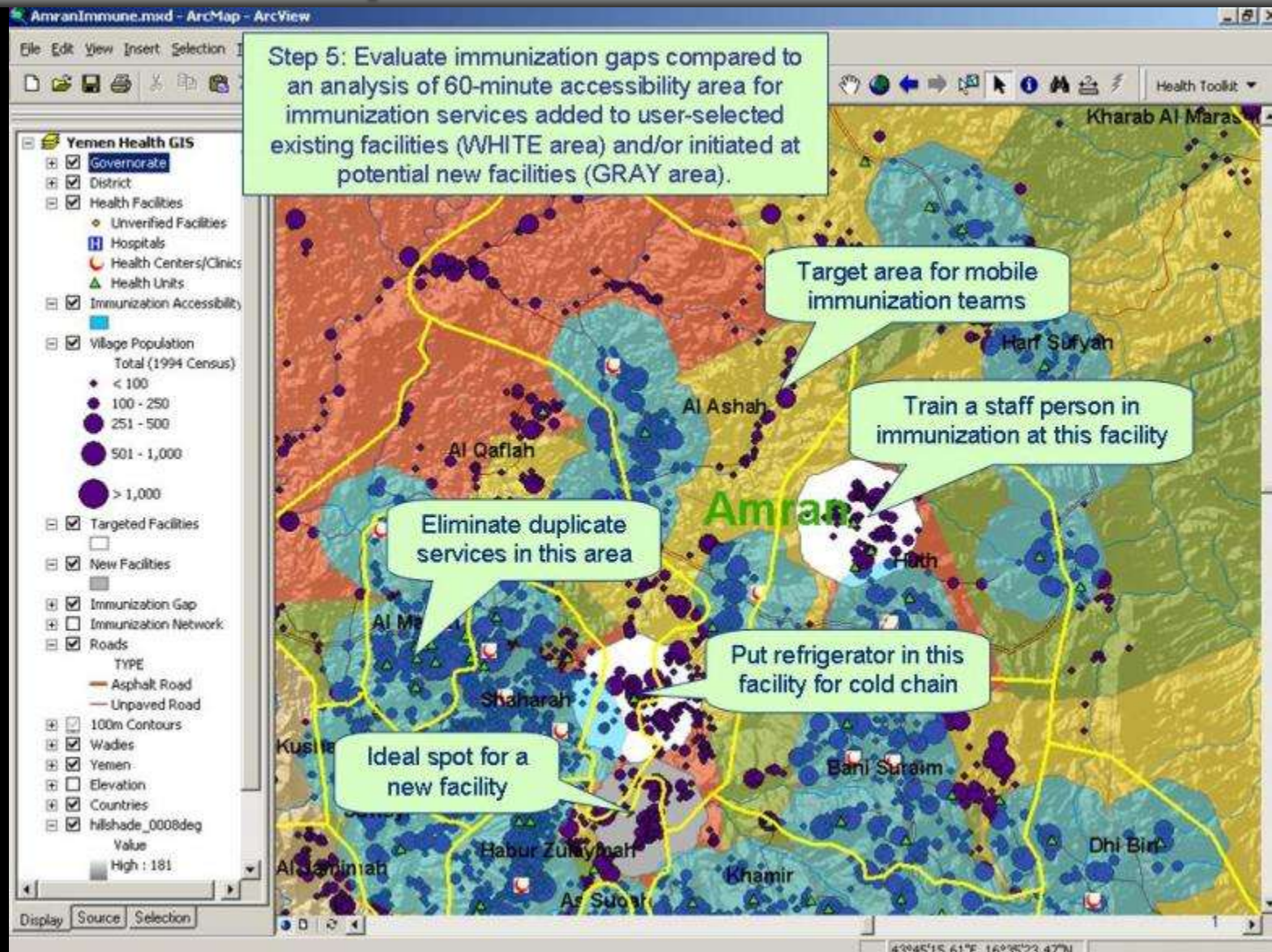


Disease Progression



Satellite Surveillance and Predictive Modeling of Disease Trends

Mapping Epidemic Disease and Targeting Hot Spots for Immunization



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

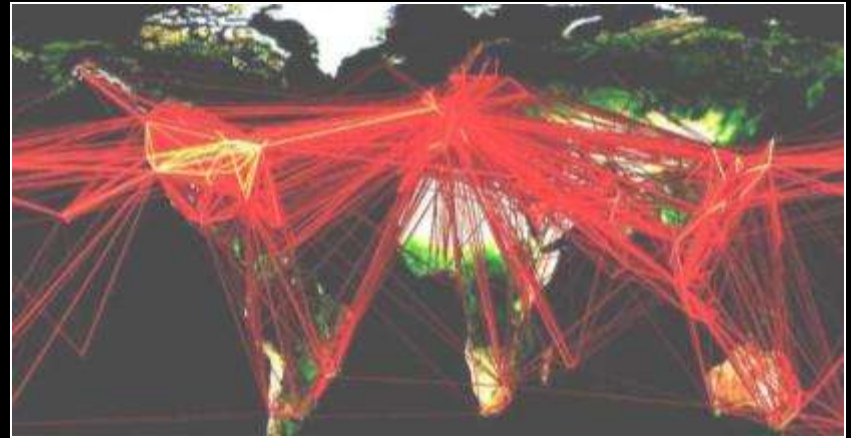
The Super Vector



**World Container
Traffic Doubled
Since 1997**



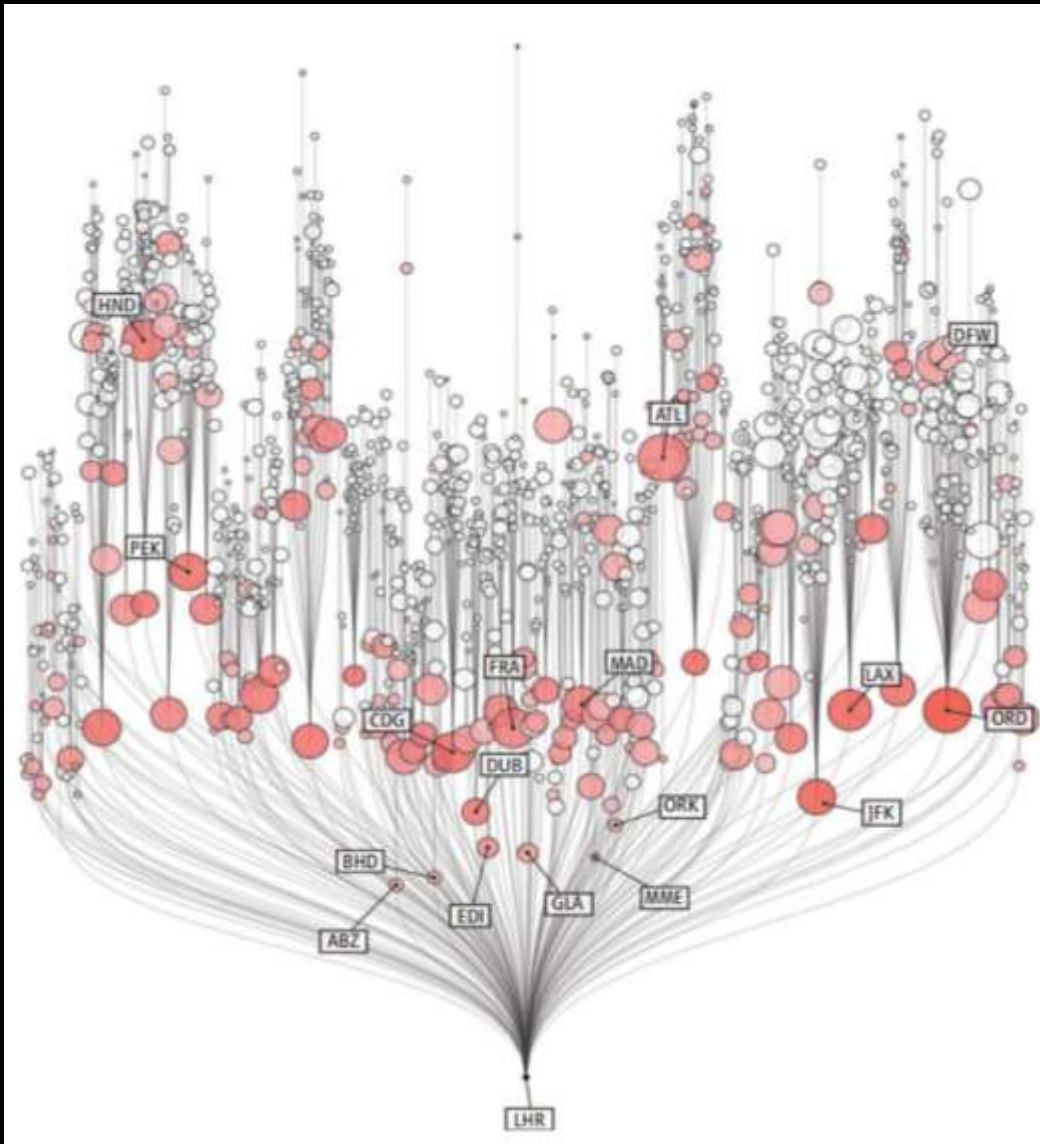
Billion Cross-Border Travelers



Global Food Networks



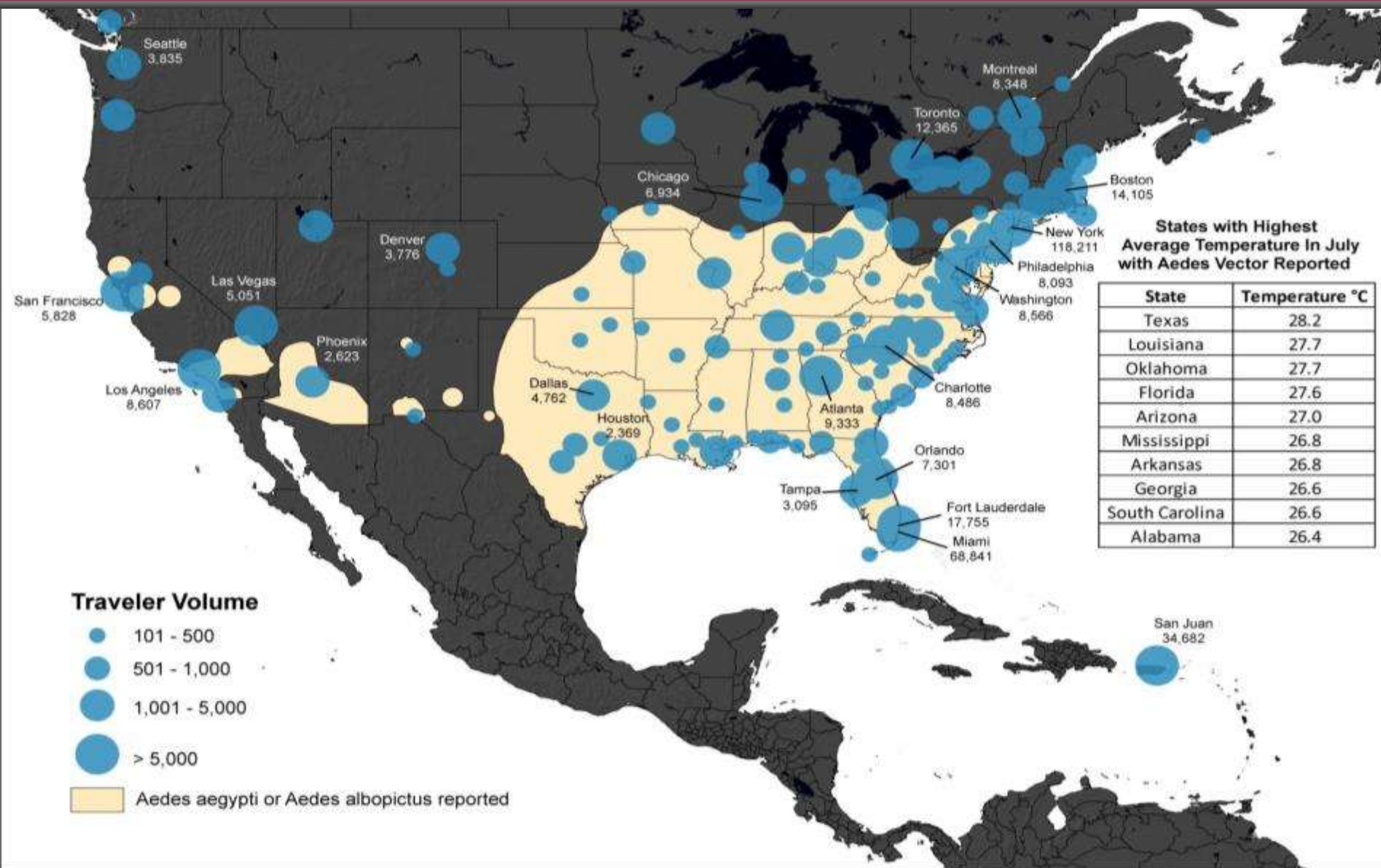
Coming to an Airport Near You:



**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**

Tracking Arrivals from Chikungunya 'Hot Spots' in the Caribbean



Infectious Diseases (Natural) and Bioterrorism (Nefarious)

Shared Features: Stealth and Spread

Detection of Infectious Disease Threats:

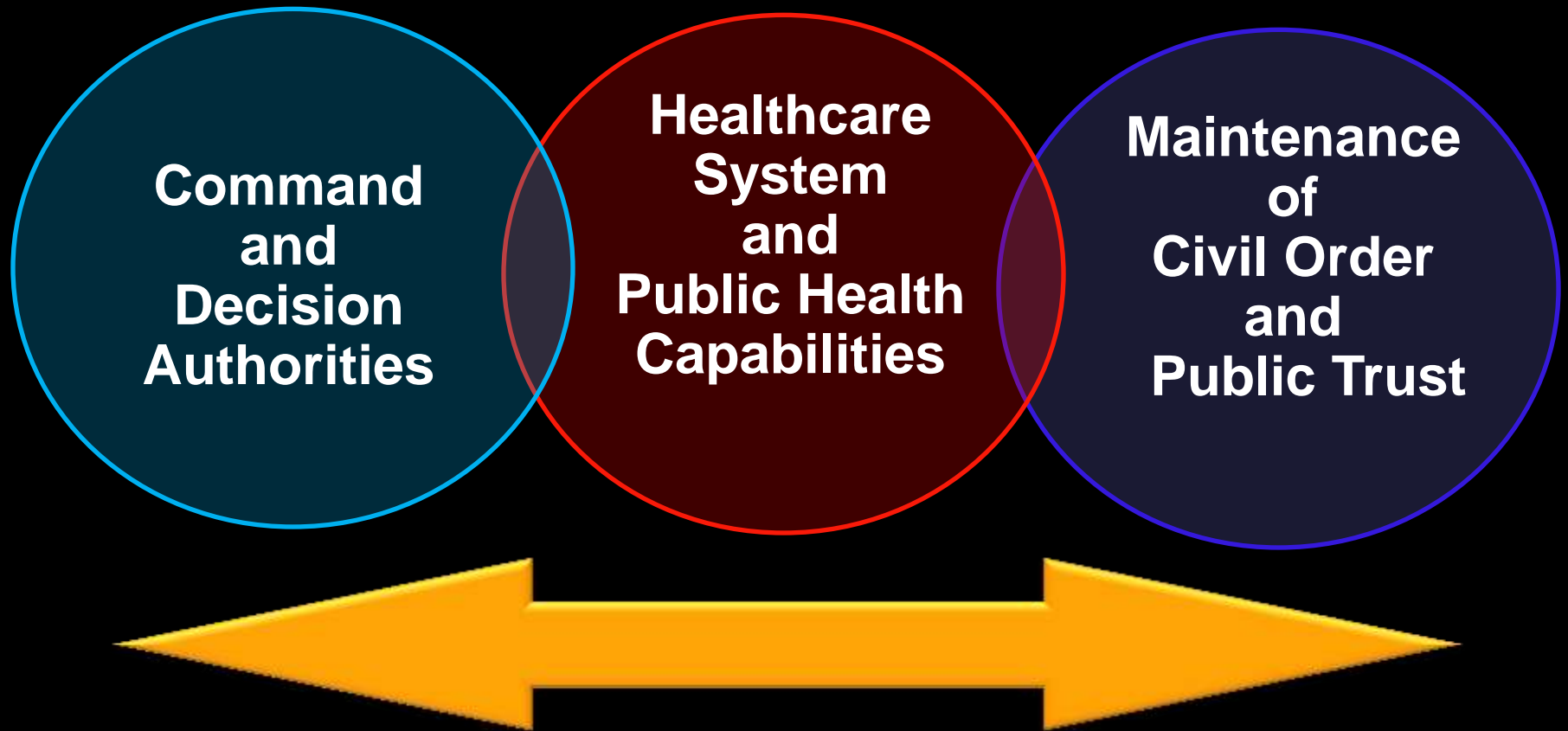
Not A Hazmat or Wide Area Sensor Network Solution



Emergency Rooms and Farms Will be the Front Line

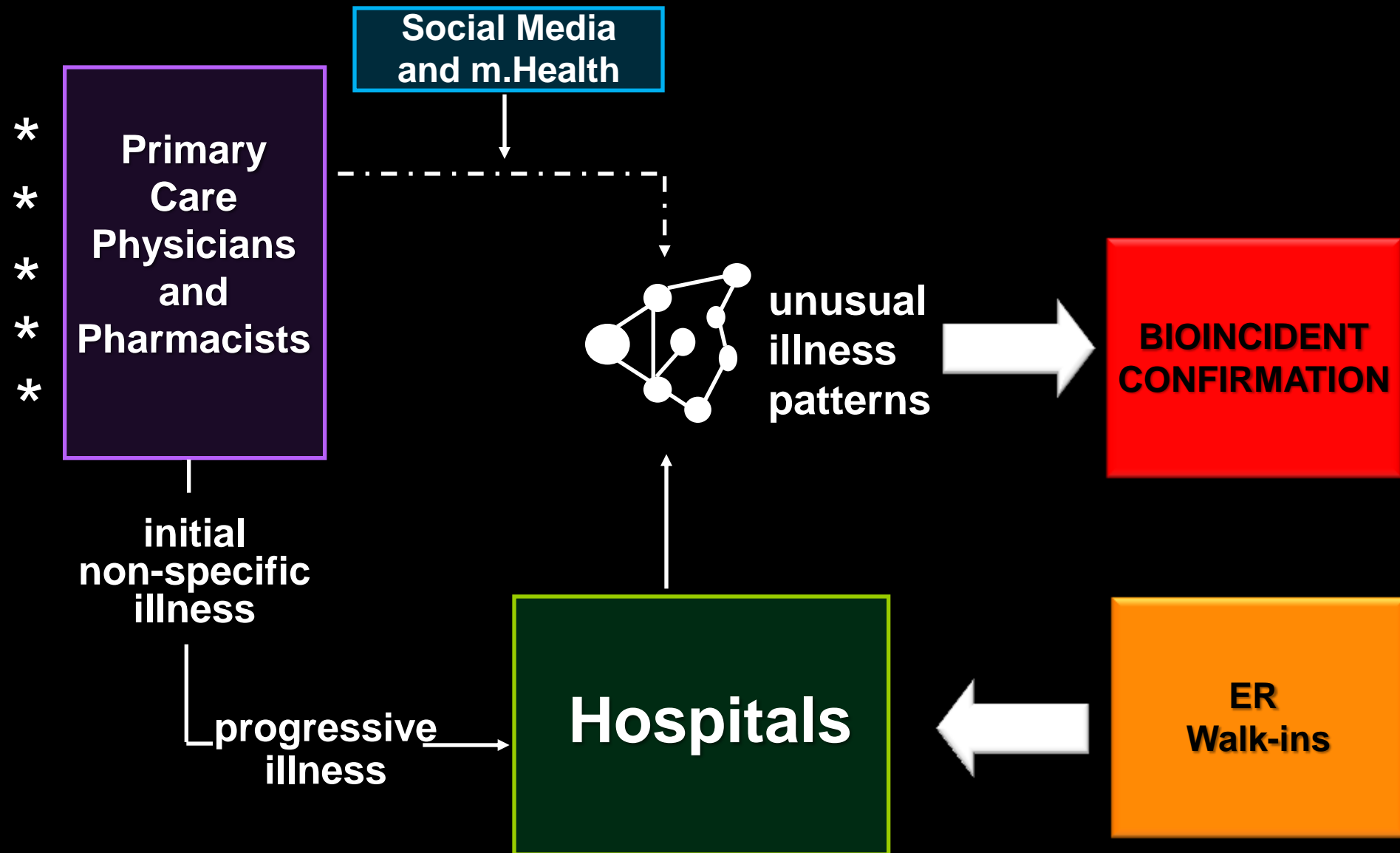


The Three Core Components of Bioincident Management



- **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**

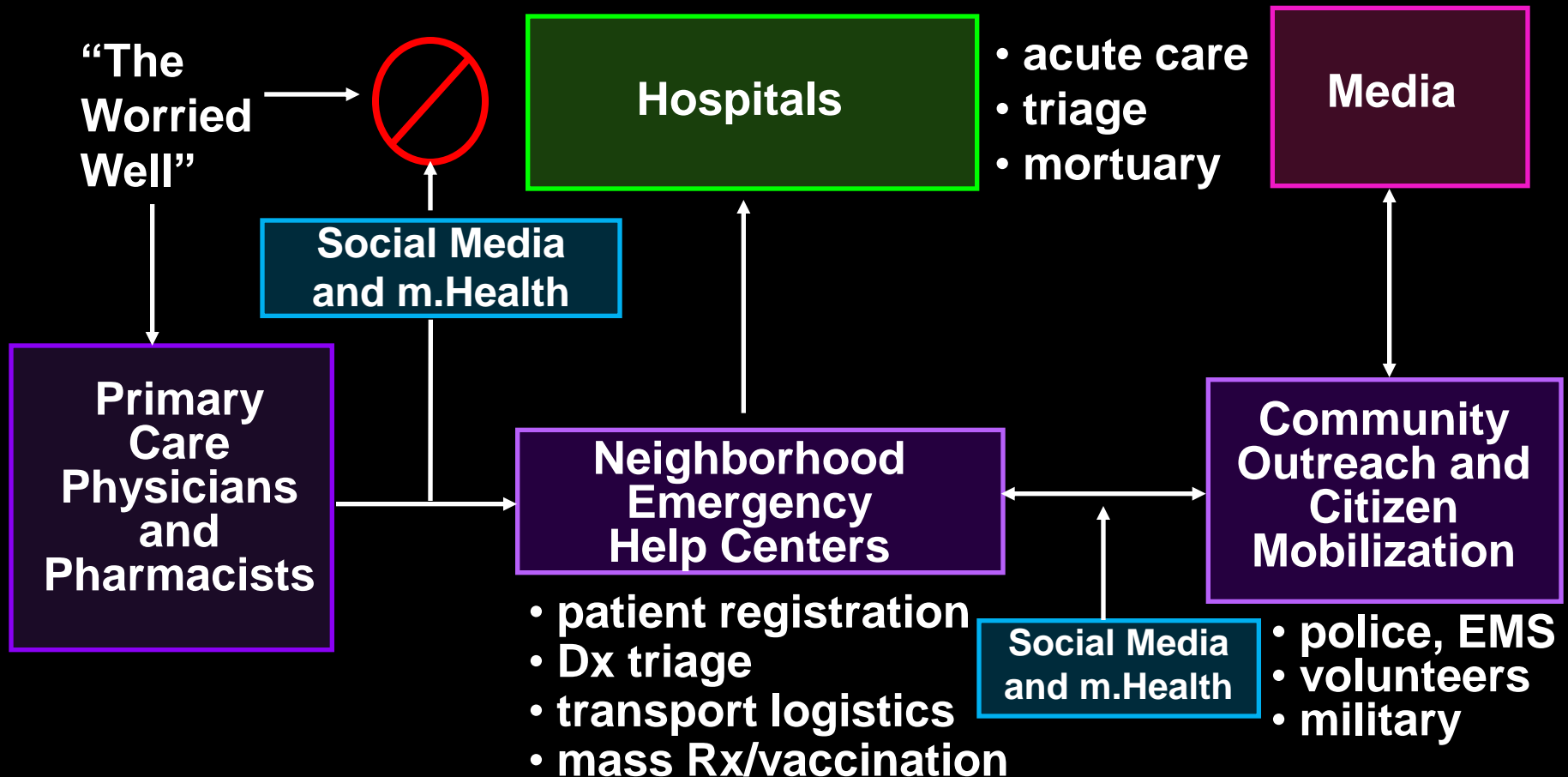
The Lag Phase in Bioincident Detection



Consequence and Crisis Control in a Bioincident

COMMAND CENTER

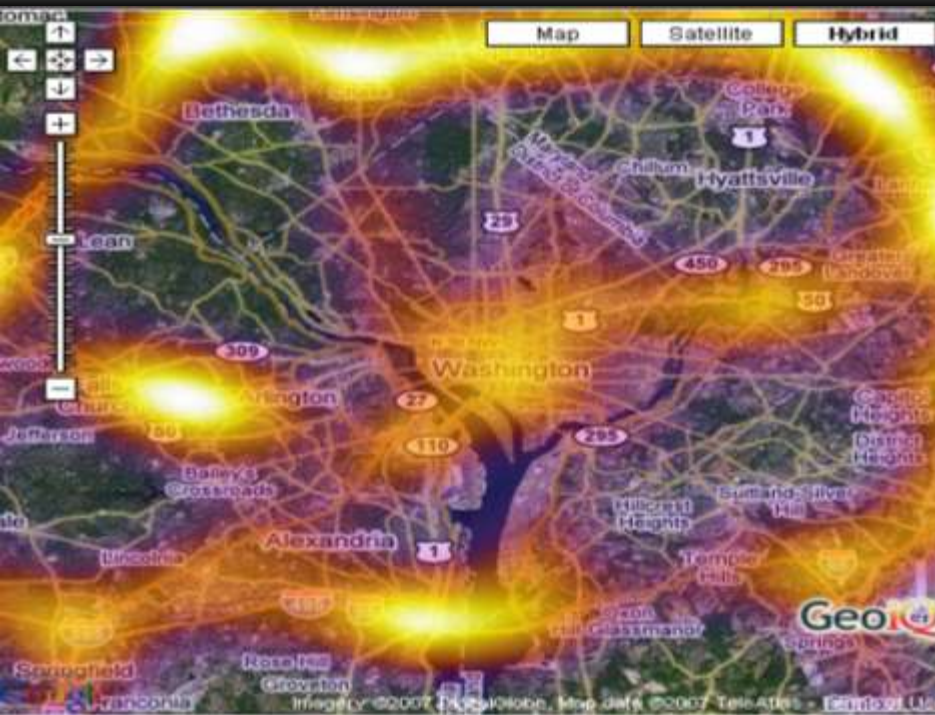
- | | | | |
|------------------|-------------------|-----------------|------------|
| • public health | • medical | • local | • regional |
| • logistics | • law enforcement | • national | |
| • communications | • coordination | • international | |



Sufficient Care

- **provide the most good for greatest number of people under adverse conditions and constrained resources**
- **clinical triage**
- **rationing of health resources/pharmaceutical**
- **omnipresent vulnerabilities and risks from public panic and civil disorder**

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



Resource/Situation Awareness - ViewPort™

Example of User-Placed Police Unit Icon

- Map Coverage of the Entire US
- Automatically Adjusts Detail Based on Zoom

Stored Views Allow User to Quickly Return to Areas of Interest

Large Collection of Icons to Drag & Drop on Map

User Can Easily Define Cordons in Incident Area



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

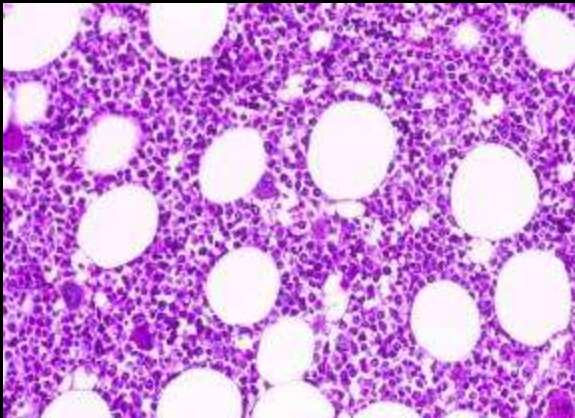
Children



Pregnant



Aged



Immunosuppressed



**Impaired Major
Organ Function**



ICU-Critical Care

Building Resilience: Complex Systems-Based Integration of Diverse Functions and Organization



Informing the Public: A Critical and Unenviable Challenge

- **media sensationalism and public panic**
- **pressure on governments to make illogical but politically expedient decisions**
- **in a severe outbreak the shock factor from any major level of fatalities will be unprecedented in modern peace times with unpredictable consequences for public responses**
- **unpredictable unilateral decisions by other governments, restricting trade, travel and shipment of goods**
- **extended supply chains might break down completely**

The Likely Real Picture!

“FOG”

“FUBAR”

Ill-Defined Responsibilities and Accountabilities

**Lack of Well-Rehearsed Master Plans:
Federal, State and Local**

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

Bruce Mau



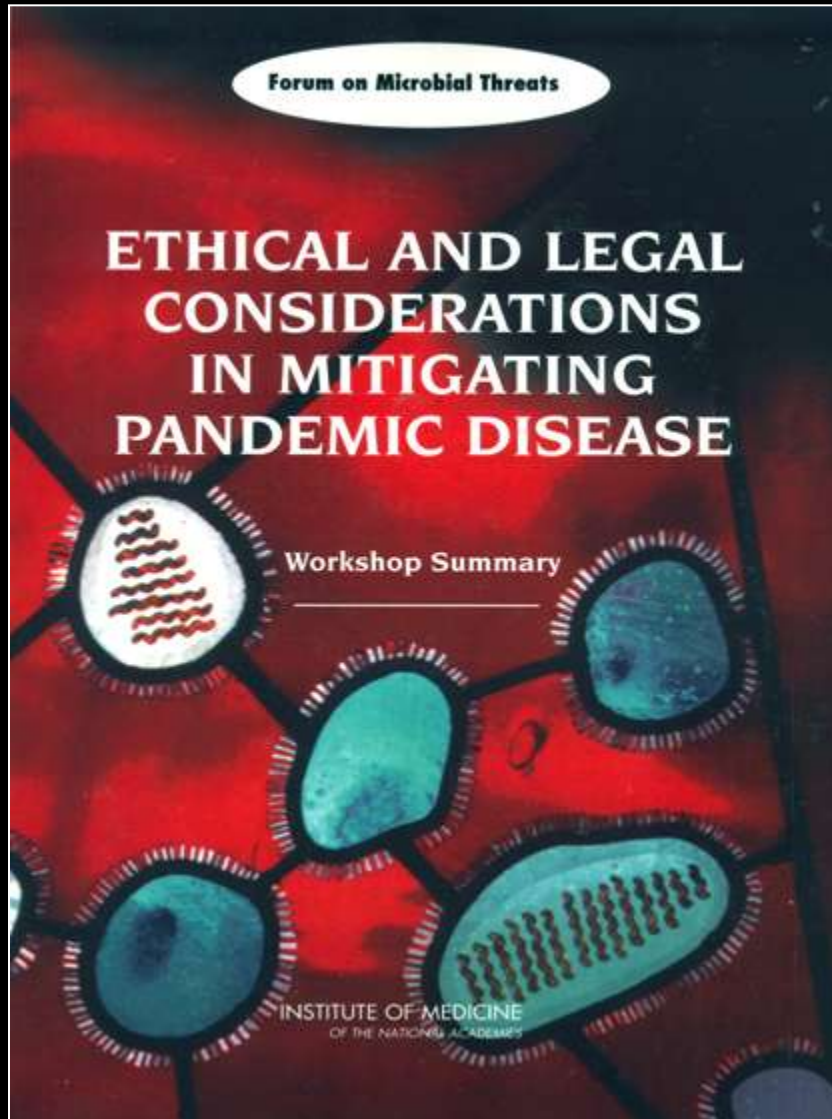
The 'Fog of Disaster': Crisis Standards of Care and Proliferation of Unanticipated Events and Consequences



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



Legal Aspects of Public Health and Counter-Terrorism Actions to Contain Bioincidents



- suspension of civil liberties
- imposition of quarantine
- triage decisions and rationing
- mandatory medical examination and treatment
- mandatory treatment with unapproved drugs and vaccines
 - informed consent
 - indemnification
 - special populations

Control of Population Movement and Supply Chain Networks



Compromising Critical Systems

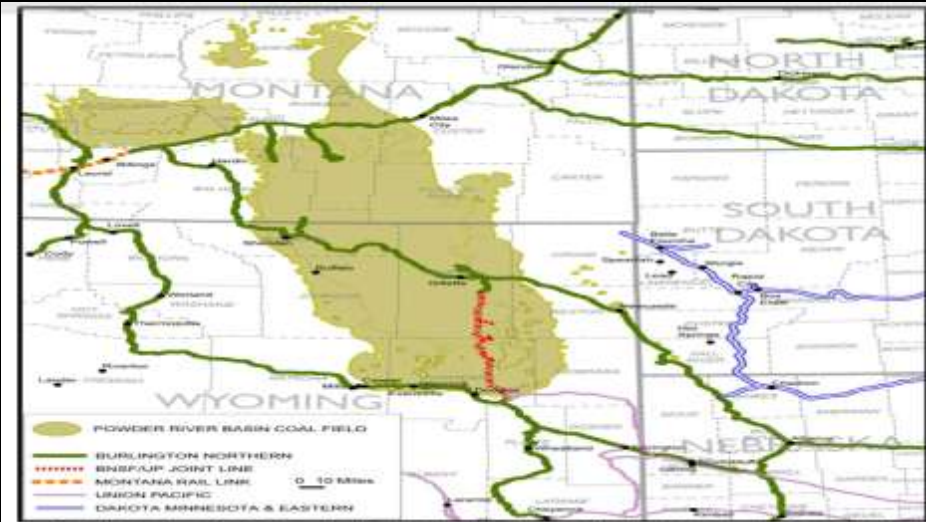
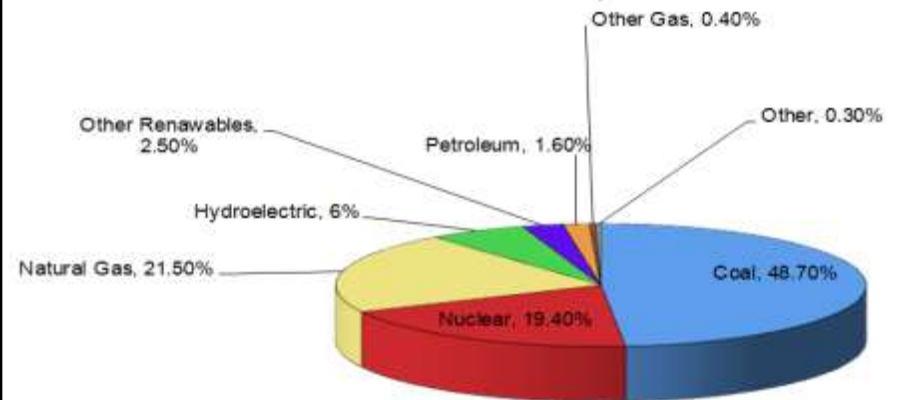


Vulnerability of Global, National and Local Supply Chains in a Major Epidemic/Pandemic

Energy



Net Power Generation in the US by Fuel Source, 2007



**Bad Bugs
and
Few New Drugs**

NO ESKAPE!: Resistant Bugs and Few New Drugs



- increasing resistance in G⁺ and G⁻ pathogens in hospital and community settings

- the **ESKAPE** pathogens

Enterococcus faecium

Staphylococcus aureus

Klebsiella pneumoniae

Acinetobacter baumannii

Pseudomonas aeruginosa

Enterobacter species



Antibiotic Resistance (Rx^r)

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



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

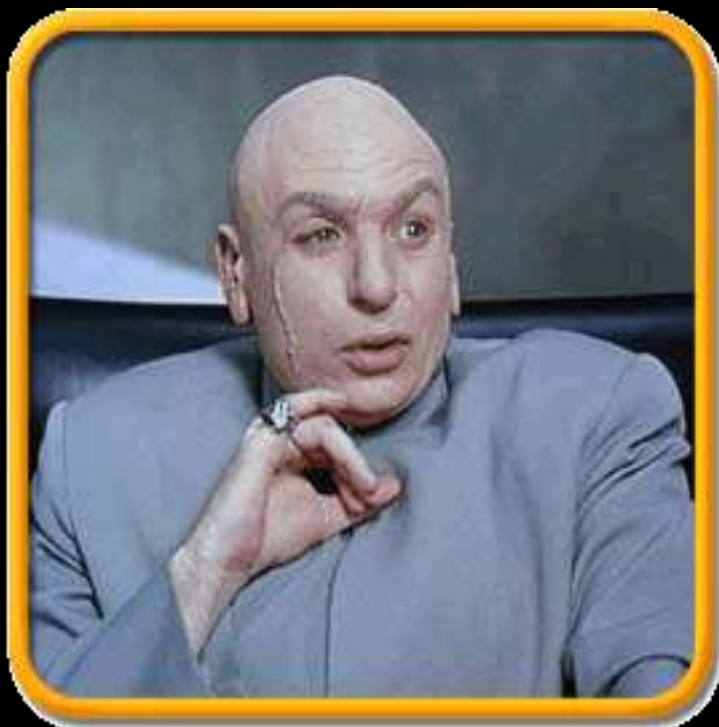
- **\$750 million to \$2 billion R&D cost/drug**
- **9-15 year R&D cycle**

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

Chris Hentshel

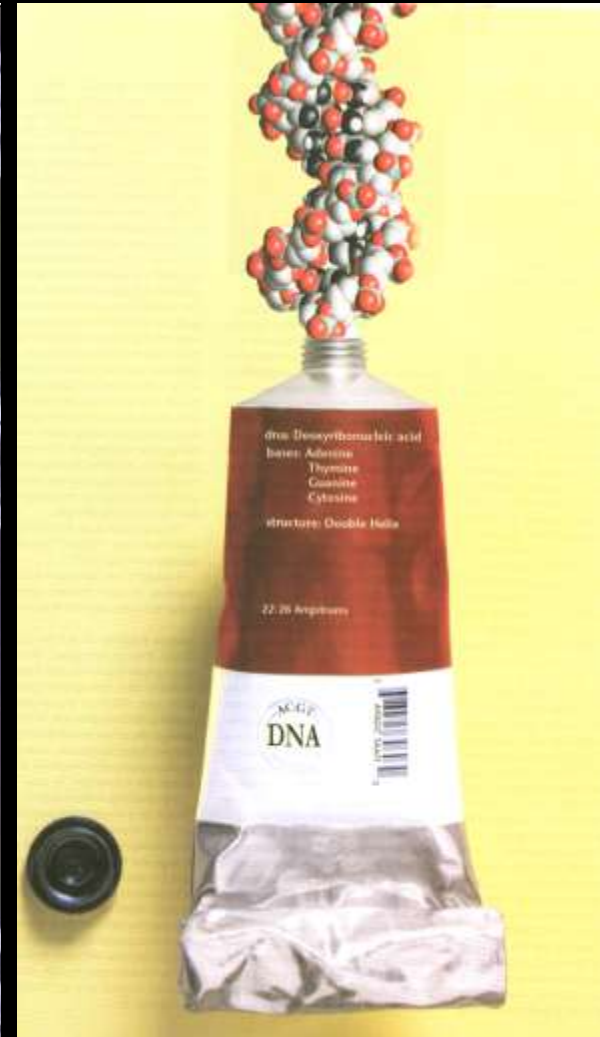
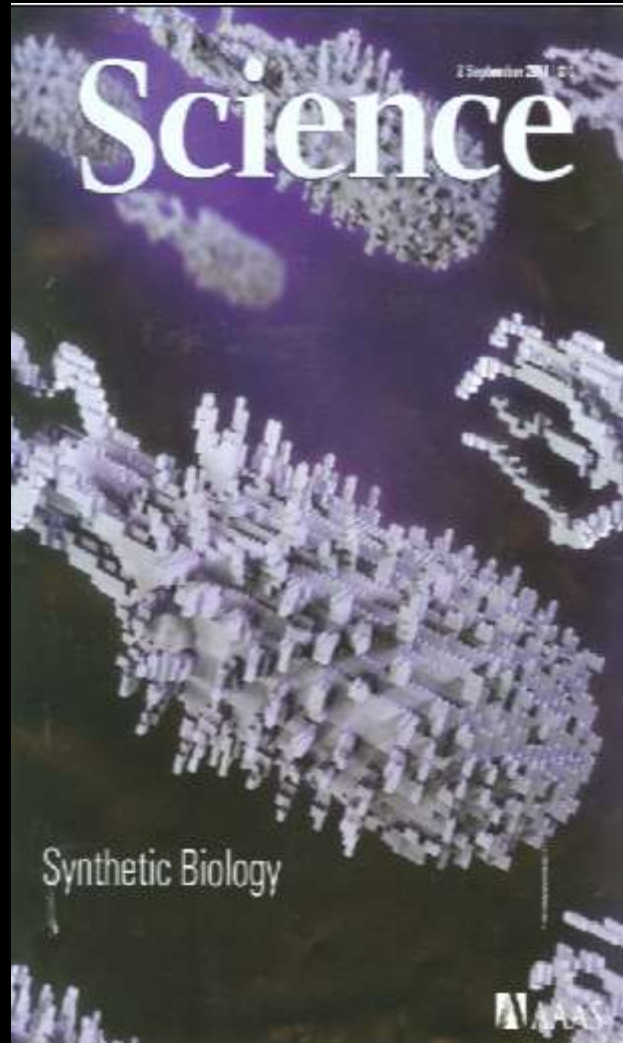
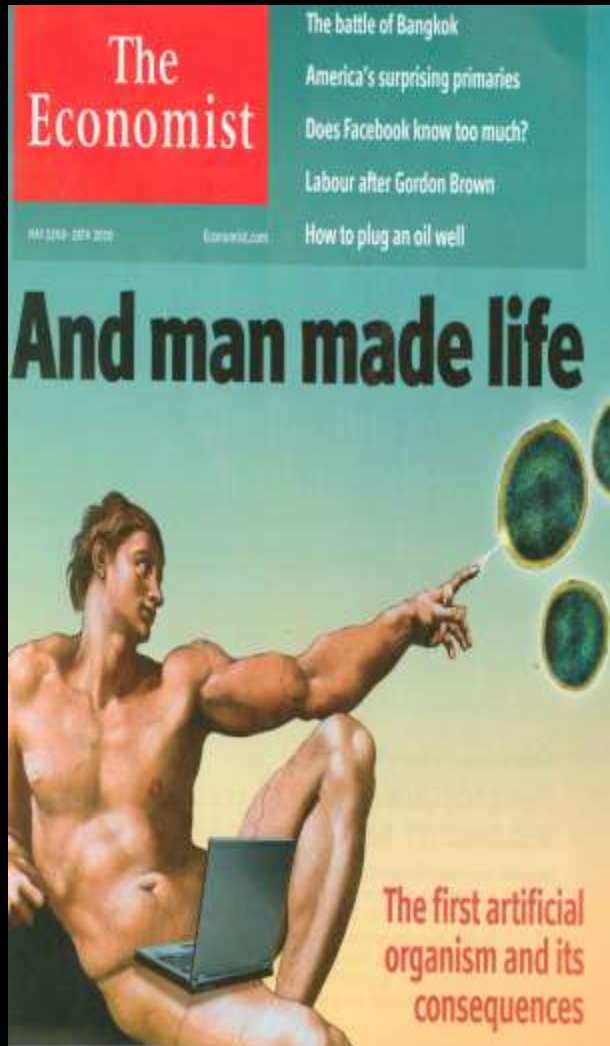
Medicines for Malaria Venture: Lancet (2004) 363, 2198

Future Trajectory Trends and Threat Expansion

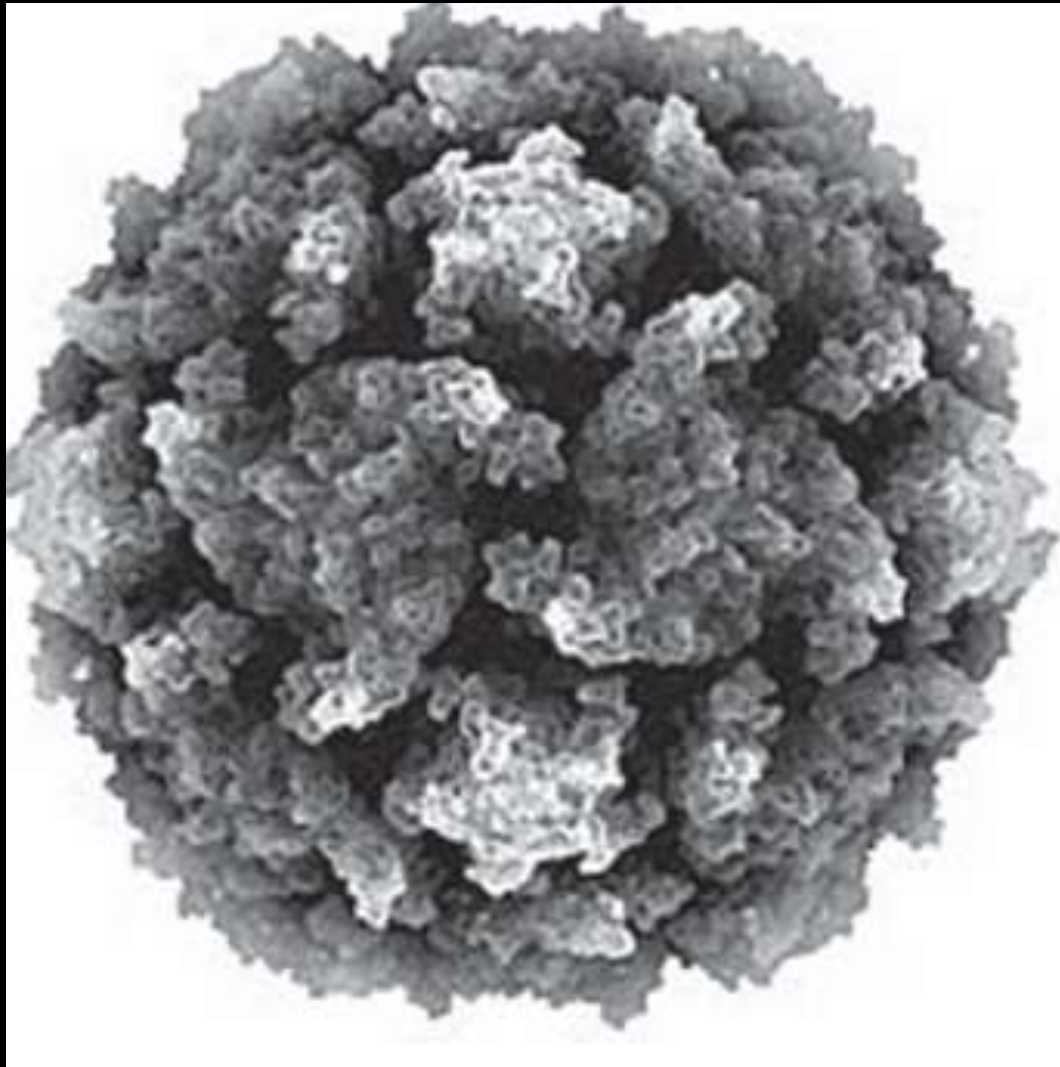


**New 'Dual-Use' Technologies
and Engineered Biothreats**

Synthetic Biology



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

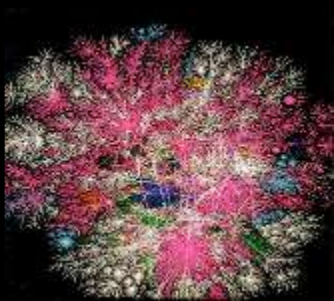


ATTGACTGCAA(design specifications)

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 VULPINUS 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



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**ASSOCIATION OF
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LAND-GRANT
UNIVERSITIES**

Biosecurity

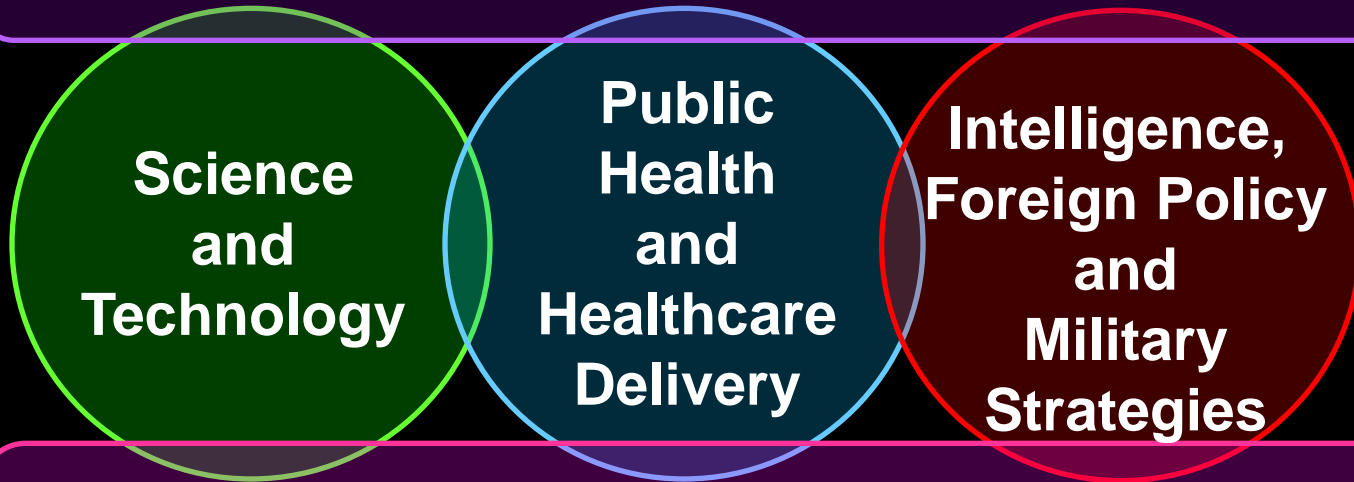
- **collective term embracing biodefense, public health and dual-use technologies**
- **fundamental but still politically neglected component in national security**
- **understanding how changes in biological systems threaten health and societal stability**
 - **directly and indirectly**
 - **infectious 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

International (Re)Engagement, Commitment and Political Resolve to Address Biosecurity as a Foundational Element of Global Public Health, Diplomacy and National Security



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/>

