



### **D36 Electronic News Media Reports of Potential Bioterrorism-Related Incidents Involving Unknown White Powder**

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After attending this presentation, attendees will understand how bioterrorism (after the 2001 anthrax attacks in the United States) is a potential threat in the United States and around the world. Incidents related to potential anthrax-related unknown white powder/suspicious packages occur in practically every state in the United States, and responses to these incidents could entail significant amount of human and financial resources.

This presentation will impact the forensic science community by analyzing the submitted specimens. Furthermore, this presentation will help the attendees to understand that potential bioterrorism-related incidents continue to exist and pose a threat to national or local security, and to help to allocate limited resources efficiently.

Potential anthrax-related incidents involving unknown white powders that were reported online by news media from June 2009 through May 2011 were reviewed and compared them with incidents reported to the U.S. Centers for Disease Control and Prevention, Division of Preparedness and Emerging Infections, Emergency Preparedness and Surveillance Branch (CDC DPEI/EPRB). Geographic distribution and location of these powder-related incidents, the identity of the unknown white powders, and responders involved in these incidents will be presented.

Internet searches for “unknown white powder” using various search engines were performed. Incidents reported to and responded by the CDC DPEI/EPRB were also reviewed. The following types of information were collected: report date, state of incidence, specific location of incidence, identification of the unknown white powders, emergency responders involved, and FBI involvement. Using Microsoft Excel® 2003, an electronic spreadsheet was constructed, and a descriptive statistical analysis was done using SPSS 17.0.

There were 267 news media reports from 43 states and the District of Columbia included in this study. One incident might be reported in two or more electronic news media; however, this event was counted only as one incident for purposes of this study. In addition, there were reported incidents from eight U.S. Embassies in Senegal, Turkey, Israel, Canada, Norway, England, Malta, and Cyprus which were not included in this analysis. In comparison, there were only ten white powder incidents from various states and 14 white powder incidents from U.S. Embassies around the world that were reported to and responded by CDC DPEI/EPRB.

Most of the media-reported U.S. incidents came from California (n=29, 10.9%), Florida (n=26, 9.7%), Texas (n=21, 7.9%), New York (=19, 7.1%), and Alabama (n=11, 4.1%). More than half of these reported incidents (n=158, 59.2%) occurred in government facilities (including law enforcement offices and courthouses (n=96, 36.0%)). The remainder occurred in private business establishments (n=32, 12.0%); schools at all levels (n=19, 7.1%); private homes (n=11, 4.1%) and other sites (n=109, 40.8%) including banks, hospitals, churches, airplanes, airports, TV stations, newspaper mail rooms, a school bus, and theaters. Although the majority of news reports (n=207, 77.5%) did not mention the final identity of the suspicious powder, many of the white powders were identified as flour, baking powder, talcum powder, baby powder, cornstarch, or sugar. None of the articles were identified as a harmful substance.

Even though the suspicious white powder was harmless in all of these reported incidents, public health emergency responders, and forensic investigators responded to the incidents. Responders included fire department, police department, bomb squad, FBI, U.S. Postal Inspection Service, public health laboratories, State Department of Environmental Protection, National Guard, U.S. Marshal Service, and/or regional transit authorities. In some cases, the media reported the incidents led to evacuations and precautionary hospitalizations. Joint public health emergency responder and FBI investigations were mentioned in only a few reported incidents (n=35, 13.1%).

Because of the highly sensitive forensic nature of some cases; however, some white powder incidents were investigated by the FBI and were not covered by news media. Thus, it is likely that powder incidents in



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this study were underreported. Furthermore, emergency responses to unknown white powder incidents are generally managed at the local level and therefore, they may or may not be reported to CDC DPEI/EPRB for emergency response assistance.

Results of this study showed that unknown white powder incidents continue to occur. In addition, these incidents require integrated medical, public health, preparedness, and response activities from various emergency responders and cause substantial concern (as evidenced by media reports).

**Bioterrorism, Unknown White Powder, Anthrax**