he attacks of September 11, 2001, alerted the United States to the threat that the country faces from terrorism. With the anthrax attacks on Florida and New York City, the risks associated with the dissemination of a biologic weapon and the ease of doing so became evident. The Centers for Disease Control and Prevention (CDC), 2001a recommended heightened surveillance for any unusual disease occurrence or increased numbers of illness that might be associated with a bioterrorism attack. Surveillance begins with every healthcare worker who is in contact with patients. Oncology nurses must stay informed of bioterrorism and its implications for their patients. Because oncology nurses work in a variety of settings (e.g., urban and rural, inpatient and outpatient), knowledge about bioterrorism agents and disease presentation and ability to recognize clusters of outbreaks is essential to the identify a potential attack (Buehler, Berkelman, Hartley, & Peters, 2003). Rapid identification is the first line of defense; it can prevent further exposure and offer early treatment to affected patients.

The World Health Organization (2004) defined a biologic agent as one that produces its effect through multiplication within a target host and is intended for use in war to cause disease or death in human beings, animals, or plants. In 1999, the CDC reclassified biologic agents into classes A, B, and C. Class A agents have a moderate to high likelihood for large-scale dissemination or a heightened general awareness that could cause mass fear and civil disruption. Class B agents generally cause less illness and death and therefore would be expected to have lower medical and public health impact. Class C agents are not believed to present a high bioterrorism risk to public health (Rotz, Khan, Lillibridge, Ostroff, & Hughes, 2002). This article will focus on the five class A agents that have the greatest potential for mass casualties: Bacillus anthracis (anthrax), Clostridium botulinum toxin (botulism), Francisella tularensis (tularemia), Variola major (smallpox), and Yersinia pestis (plague). Class A agents have a moderate to high likelihood for large-scale dissemination or a heightened general awareness that could cause mass fear and civil disruption. Class B agents generally cause less illness and death and therefore would be expected to have lower medical and public health impact. Class C agents are not believed to present a high bioterrorism risk to public health. This article will focus on the five class A agents that have the greatest potential for mass casualties: Bacillus anthracis (anthrax),