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Select Agents

Emergency preparedness often addresses potential infectious disease risks including deliberate introductions of an agent. A wide range of agents are threats to humans and to economically important animals.

Agents

The US Department of Health and Human Services and the US Department of Agriculture participate jointly in the Federal Select Agent Program. Together they oversee biosecurity, addressing the possession and use of select agents or toxins within the country. Involved facilities must register and follow specific rules related to shipping and transferring the agents. Note that other agencies have separate responsibilities for biosafety, including prevention of unintentional exposures such as in laboratory settings.

Most of the select agents are of concern to either human or other animals; a few agents can affect both. The majority of the conditions are notifiable nationally and may be familiar to public health workers. Included in the list are:

- *Bacillus anthracis* (anthrax)
- Botulinum toxin
- *Coxiella burnetii* (Q fever)
- Ebola and Marburg viruses
- *Francisella tularensis* (tularemia)
- Ricin toxin
- Variola virus (smallpox)
- *Yersinia pestis* (plague)

Some species of *Brucella* were previously designated as select agents but were removed from the list in 2025 to facilitate further research on these organisms in a setting of low case fatality and effective treatment. Select agents are so designated because they cause severe disease, have high levels of mortality, or require extensive health or veterinary care so are potentially severe threats

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to public health and safety. While national attention to select agents and subsequent legislation increased greatly in 2001 due to illnesses from anthrax-contaminated letters, the first regulations related to these agents dated back to 1996.

Select Agents in Washington State

Many select agents are zoonotic conditions, some of which occur in the state and can spread from wildlife or domestic animals to humans. It is essential for public health agencies to decide rapidly if there is likely local exposure or if an infection might represent intentional release of an agent.

Tularemia is considered an endemic zoonosis in the state, with infections reported annually. Typically there is exposure to wild animals or their carcasses, to contaminated water, or, more rarely, by arthropod bites. Lagomorphs (rabbits, hares) and other small mammals are the primary reservoirs in Washington.

Q fever cases are also reported each year in Washington, and livestock-associated outbreaks have also been reported. Chronic Q fever infections may be particularly severe. Reservoirs are usually sheep, cattle, or goats, although other animals and birds can carry the agent.

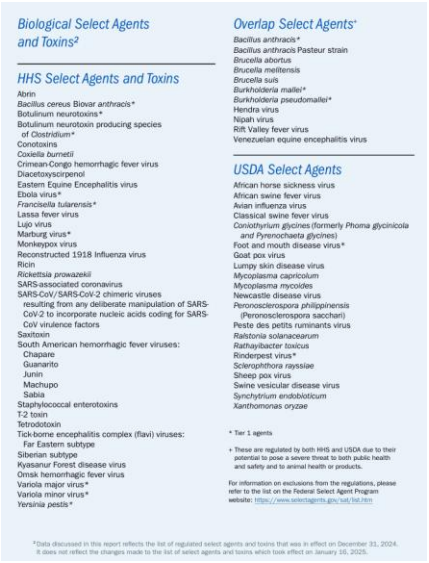
Anthrax was reported only a few times in Washington, with the last human case in 1957, but anthrax spores are extremely hardy and could still be present in the soil. No Washington residents were associated with the national cluster of cases in 2001 from intentional dissemination of spores.

Plague is historically extremely rare in Washington resident. There was an outbreak of five cases in King County in 1907 from exposure to fleas from rats. The only other recognized human case was a trapper who developed plague bacteremia in 1984, with presumed flea exposure through skinning bobcats and coyotes. The agent is endemic in wild rodents and has been detected periodically in wildlife in the state.

Smallpox is the only infectious agent for humans that has been eradicated, with the sole remaining stocks in national research laboratories in two countries. In 1946, an outbreak occurred in Seattle with 28 cases and eight deaths; the outbreak was controlled by mass vaccination campaigns. The last naturally occurring US case was in 1949.

Botulism occurs in three forms: foodborne, wound, and infant (intestinal). In Washington there are infant botulism cases every year as well as occasional cases from food, particularly home-processed items, or from infected wounds, including gardening injuries or black tar heroin injection into tissue.

Ricin and **abrin** are natural toxins derived from certain seeds. Two episodes have been identified in Washington involving individuals trying to produce ricin in private homes.



Biological Select Agents and Toxins[2]

HHS Select Agents and Toxins

Abrin
Bacillus cereus Biovar *anthracis**
Botulinum neurotoxins*
Botulinum neurotoxin producing species of *Clostridium**
Conotoxins
Coxiella burnetii
Crimean-Congo hemorrhagic fever virus
Diacetoxyscirpenol
Eastern Equine Encephalitis virus
Ebola virus*
*Francisella tularensis**
Lassa fever virus
Lujo virus
Marburg virus*
Monkeypox virus
Reconstructed 1918 Influenza virus
Ricin
Rickettsia prowazekii
SARS-associated coronavirus
SARS-CoV/SARS-CoV-2 chimeric viruses resulting from any deliberate manipulation of SARS-CoV-2 to incorporate nucleic acids coding for SARS-CoV virulence factors
Saxitoxin
South American hemorrhagic fever viruses:
Chapare
Guanarito
Junin
Machupo
Sabia
Staphylococcal enterotoxins
T-2 toxin
Tetrodotoxin
Tick-borne encephalitis complex (flavi) viruses:
Far Eastern subtype
Siberian subtype
Kyasanur Forest disease virus
Omsk hemorrhagic fever virus
Variola major virus*
Variola minor virus*
*Yersinia pestis**

Overlap Select Agents+

*Bacillus anthracis**
Bacillus anthracis Pasteur strain
Brucella abortus
Brucella melitensis
Brucella suis
*Burkholderia mallei**
*Burkholderia pseudomallei**
Hendra virus
Nipah virus
Rift Valley fever virus
Venezuelan equine encephalitis virus

USDA Select Agents

African horse sickness virus
African swine fever virus
Avian influenza virus
Classical swine fever virus
Coniothyrium glycines (formerly *Phoma glycinicola* and *Pyrenochaeta glycines*)
Foot and mouth disease virus*
Goat pox virus
Lumpy skin disease virus
Mycoplasma capricolum
Mycoplasma mycoides
Newcastle disease virus
Peronosclerospora philippinensis (Peronosclerospora sacchari)
Peste des petits ruminants virus
Ralstonia solanacearum
Rathayibacter toxicus
Rinderpest virus*
Sclerophthora rayssiae
Sheep pox virus
Swine vesicular disease virus
Synchytrium endobioticum
Xanthomonas oryzae

* Tier 1 agents

+ These are regulated by both HHS and USDA due to their potential to pose a severe threat to both public health and safety and to animal health or products.

For information on exclusions from the regulations, please refer to the list on the Federal Select Agent Program website: https://www.selectagents.gov/sat/list.htm

*Data discussed in this report reflects the list of regulated select agents and toxins that was in effect on December 31, 2024. It does not reflect the changes made to the list of select agents and toxins which took effect on January 16, 2025.

2024 Federal Select Agent Program Annual Report

Ebola and **Marburg** viruses are not naturally present in the United States. Imported cases have occurred in other states. Washington is currently involved with monitoring travelers arriving from regions affected by a Bundibugyo outbreak starting May 2026. Transmission of Ebola viruses requires close contact with an infected person or body, so in the United States the risk of introduction or of spread after introduction are both low.

Public Health Response

Local health jurisdictions occasionally receive reports of confirmed select agents and of suspected select agents needing laboratory confirmation. Public health agencies conduct their usual investigations to determine the source of exposure for any reported case. Each condition's reporting form (Resources) includes the main risk factors for that agent. When exposures cannot be identified or are unlikely for a single case, the possibility of intentional release of a select agent should be considered. A cluster of unexplained cases is of particular concern. Planning has been done for such scenarios, involving local, state, and federal resources.

Occupational safety is a particular concern with *Coxiella* or *Francisella*. There may be a setting with potential ongoing exposure to an agent, perhaps on a farm or during grounds maintenance, so that co-workers need evaluation. In addition, when not initially suspected, these agents may be handled in a clinical laboratory without appropriate precautions to protect workers. In such situations post-exposure monitoring or antibiotic prophylaxis may be recommended for laboratorians at high risk.

Most of the agents can be tested at Washington State Public Health Laboratories (PHL). Local health jurisdictions can arrange testing through the Department of Health Office of Communicable Disease Epidemiology. Except for a suspected Ebola infection, which requires special handling during shipping for specimens as Category A material, specimens for suspected select agents are shipped as Category B. Rapid test turn-around at PHL is possible in situations of high concern. Office of Communicable Disease Epidemiology staff can offer consultation to local health jurisdictions when infections with select agents are suspected.

Resources

Federal Select Agent Program:

https://www.selectagents.gov/resources/publications/docs/2024-FSAP-Annual-Report_508.pdf

https://www.selectagents.gov/

https://www.selectagents.gov/compliance/faq/sat.htm

Centers for Disease Control and Prevention:

https://www.cdc.gov/select-agents/

Washington State Department of Health:

Guidelines and report forms: https://doh.wa.gov/public-health-provider-resources/notifiable-conditions/list-notifiable-conditions

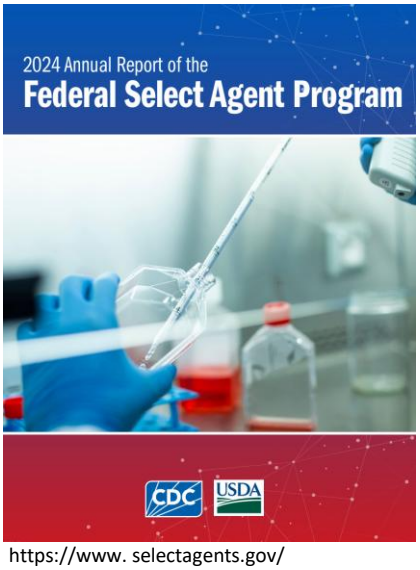
Annual report https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/annual-cd-surveillance-reports

Laboratory test menu: https://doh.wa.gov/public-health-provider-resources/public-health-laboratories/lab-test-menu

Category A shipping:

https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/302-025-CategoryAShipping.pdf

Plague in wildlife: https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/333-401.pdf



https://www. selectagents.gov/