

**Table 2. Clinical presentations and syndromic differential diagnoses of selected agents of bioterrorism**

<b>IF PATIENT HAS:</b>	<b>CONSIDER:</b>	<b>IN ADDITION TO:</b>
Few days of non-specific “flu-like” symptoms with nausea, emesis, cough +/- chest discomfort, without coryza or rhinorrhea → abrupt onset of respiratory distress +/- shock +/- mental status changes, with CXR abnormalities (wide mediastinum, infiltrates, pleural effusions)	Inhalational anthrax	Bacterial mediastinitis, tularemia, ruptured aortic aneurysm, SVC syndrome, histoplasmosis, coccidioidomycosis, Q fever, psittacosis, Legionnaires’ disease, influenza, sarcooidosis
Pruritic, painless papule→vesicle(s)→ulcer→edematous black eschar +/- massive edema and regional adenopathy, +/- fever, evolving over 3-7 days	Cutaneous anthrax	Recluse spider bite, atypical Lyme disease, staphylococcal lesion, Orf, glanders, tularemia, rat-bite fever, echinyma gangrenosum, plague, rickettsialpox, atypical mycobacteria, diphtheria
Cough, fever, dyspnea, hemoptysis, lung consolidation +/- shock	Pneumonic plague	Severe bacterial or viral pneumonia, inhalational anthrax, pulmonary infarct, pulmonary hemorrhage
Sepsis, DIC, purpura, acral gangrene	Primary septicemic plague	Meningococemia; Gram-negative, streptococcal, pneumococcal or staphylococcal bacteremia with shock; overwhelming post-splenectomy sepsis, acute leukemia
Synchronous, progressive papular→vesicular→pustular rash on face, extremities>>trunk→generalization +/- hemorrhagic component, with systemic toxicity	Smallpox	Atypical varicella, drug eruption, Stevens-Johnson Syndrome, atypical measles, secondary syphilis, erythema multiforme, meningococemia, monkeypox (with African travel history)
Acute febrile illness with pleuropneumonitis, bronchiolitis +/- hilar lymphadenopathy; variable progression to respiratory failure	Inhalational tularemia	Inhalational anthrax, influenza, mycoplasma pneumonia, Legionnaire’s disease, Q fever, plague
Acute onset of afebrile, symmetric, descending flaccid paralysis that begins in bulbar muscles, dilated pupils, dry mucous membranes with normal mental status and absence of sensory changes	Botulism	Brain stem CVA, polio, myasthenia gravis, Guillain-Barre syndrome, tick paralysis, chemical intoxication