



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, M.D., M.P.H.
Commissioner

2013 ALERT # 14

Ricin-Contaminated Letter Sent to City Hall Mail Facility

Please Share this Alert with All Emergency Medicine, Family Medicine, Infectious Disease, Internal Medicine, Laboratory Medicine, Neurology and Pediatric Staff in Your Hospital

- **The envelope was discovered May 24th at 100 Gold Street in Manhattan.**
- **Testing at a federal laboratory confirmed the presence of ricin toxin.**
- **If exposure to ricin toxin occurred on May 24th, clinical symptoms would have developed already.**
- **No public health implications at this time.**

May 30, 2013

On Friday, May 24, 2013, a letter addressed to the Mayor's Office that contained a small amount of ricin was intercepted in the mail room at 100 Gold Street. It was immediately isolated in a mail containment box and then removed by the New York City Police Department and Department of Environmental Protection.

Testing at a federal laboratory today confirmed the presence of ricin toxin. At this time, the New York City public is not at risk from ricin.

Ricin toxin is derived from the castor bean, which is used to produce castor oil. Castor oil is a lubricant that is used in high-speed engines, paint, and varnishes. Ricin poisons through its action on cellular ribosomes, which are irreversibly inactivated, leading to cell death. If sufficient toxin is absorbed following ingestion, inhalation, or injection, a patient may develop severe illness and die.

Skin absorption of ricin is poor; merely touching a contaminated letter should not be dangerous. If ingested, ricin toxin may cause mild gastroenteritis, typically within 12 hours. Severe gastrointestinal disease, though infrequent, can occur. If inhaled, ricin toxin may cause an influenza-like illness, usually within 8 hours. With sufficient pulmonary absorption of the toxin, more severe respiratory difficulty may develop over the course of a few days.

There is no antidote for ricin intoxication. Management is limited to supportive care, including intravenous fluids, vasopressors, and mechanical ventilation. If ricin ingestion is suspected and the patient is not vomiting, activated charcoal can be administered. Gastric lavage is recommended if evaluation takes place within one hour of ingestion. There are no standardized tests to confirm ricin intoxication in a human. If ricin intoxication is strongly suspected, clinicians may collect a urine specimen and consult with the Health Department about the possibility of testing for ricinine metabolite. The test is not routinely recommended, because false positives may occur.

If a patient presents with suspected ricin poisoning, take appropriate steps to prevent secondary exposure of hospital personnel and other patients to ricin that may be present on the patient's clothing.

If ricin intoxication is suspected, please contact the Poison Control Center at 212-764-7667 to review and discuss the situation with a medical toxicologist.

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