

Table 1 BW Agents - Vaccine, Therapeutics, and Prophylaxis

DISEASE	VACCINE	CHEMOTHERAPY (Rx)	CHEMOPROPHYLAXIS (Px)	COMMENTS
Anthrax	Bioport vaccine (licensed) 0.5 mL SC @ 0, 2, 4 wk, 6, 12, 18 mo then annual boosters	Ciprofloxacin 400 mg IV q 12 h or Doxycycline 200 mg IV, then 100 mg IV q 12 h	Ciprofloxacin 500 mg PO bid x 4 wk If unvaccinated, begin initial doses of vaccine	Potential alternates for Rx: gentamicin, erythromycin, and chloramphenicol
		Penicillin 4 million units IV q 4 h	Doxycycline 100 mg PO bid x 4 wk plus vaccination	PCN for sensitive organisms only
Cholera	Wyeth-Ayerst Vaccine 2 doses 0.5 mL IM or SC @ 0, 7-30 days, then boosters Q 6 months	Oral rehydration therapy during period of high fluid loss	NA	Vaccine not recommended for routine protection in endemic areas (50% efficacy, short term)
		Tetracycline 500 mg q 6 h x 3 d		Alternates for Rx: erythromycin, trimethoprim and sulfamethoxazole, and furazolidone
		Doxycycline 300 mg once, or 100 mg q 12 h x 3 d		Quinolones for tetra/doxy resistant strains
		Ciprofloxacin 500 mg q 12 h x 3 d		
		Norfloxacin 400 mg q 12 h x 3 d		
Q Fever	IND 610 - inactivated whole cell vaccine given as single 0.5 ml s.c. injection	Tetracycline 500 mg PO q 6 h x 5-7 d continued at least 2 d after afebrile	Tetracycline 500 mg PO qid x 5 d (start 8-12 d post-exposure)	Currently testing vaccine to determine the necessity of skin testing prior to use.
		Doxycycline 100 mg PO q 12 h x 5-7 d continued at least 2 d after afebrile	Doxycycline 100 mg PO bid x 5 d (start 8-12 d post-exposure)	
Glanders	No vaccine available	Antibiotic regimens vary depending on localization and severity of disease - refer to text	Post-exposure prophylaxis may be tried with TMP-SMX	No large therapeutic human trials have been conducted owing to the rarity of naturally occurring disease.
Plague	Greer inactivated vaccine (FDA licensed) is no longer available.	Streptomycin 30 mg/kg/d IM in 2 divided doses x 10 - 14 d or Gentamicin 5mg/kg or IV once daily x 10 - 14 d or Ciprofloxacin 400mg IV q 12 h until clinically improved then 750 mg PO bid for total of 10 -14 d	Doxycycline 100 mg PO bid x 7 d or duration of exposure Ciprofloxacin 500 mg PO bid x 7 d	Chloramphenicol for plague meningitis is required 25 mg/kg IV, then 15 mg/kg qid x 14 d
		Doxycycline 200 mg IV then 100 mg IV bid, until clinically improved then 100mg PO bid for total of 10-14 d	Tetracycline 500 mg PO qid x 7d	Alternate Rx: trimethoprim-sulfamethoxazole
Brucellosis	No human vaccine available	Doxycycline 200 mg/d PO plus rifampin 600 mg/d PO x 6 wk	Doxycycline 200 mg/d PO plus rifampin 600 mg/d PO x 6 wk	Trimethoprim-sulfamethoxazole may be substituted for rifampin; however, relapse may reach 30%
		Ofloxacin 400/rifampin 600 mg/d PO x 6 wks		

Source: USAMRIID's Medical Management of Biological Casualties Handbook, Fourth Edition, Feb 2001, U.S. Army Medical Research Institute of Infectious Diseases, Fort Detrick MD