

Appendix D: 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 8-12 h	Ciprofloxacin 500 mg PO bid x 4 wk If unvaccinated, begin initial doses of vaccine	Potential alternates for Rx: gentamicin, erythromycin, and chloramphenicol
		Doxycycline 200 mg IV, then 100 mg IV q 8-12 h	Doxycycline 100 mg PO bid x 4 wk plus vaccination	
		Penicillin 2 million units IV q 2 h		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		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		
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	Tetracycline start 8-12 d post-exposure x 5 d	Currently testing vaccine to determine the necessity of skin testing prior to use.
		Doxycycline 100 mg PO q 12 h x 5-7 d	Doxycycline start 8-12 d post-exposure x 5 d	
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: 1.0 mL IM; 0.2 mL IM 1-3 mo later; 0.2 mL 5-6 mo after dose 2; 0.2 mL boosters @ 6,12, 18 mo after dose 3 then q 1-2 years	Streptomycin 30 mg/kg/d IM in 2 divided doses x 10 d (or gentamicin)	Doxycycline 100 mg PO bid x 7 d or duration of exposure Ciprofloxacin 500 mg PO bid x 7 d	Plague vaccine not protective against aerosol challenge in animal studies

	Doxy 200 mg IV then 100 mg IV bid x 10-14 d	Doxycycline 100 mg PO bid x 7 d Tetracycline 500 mg PO qid x 7 d	Alternate Rx: trimethoprim-sulfamethoxazole
	Chloramphenicol 1 gm IV qid x 10-14 d		Chloramphenicol for plague meningitis

DISEASE	VACCINE	CHEMOTHERAPY (Rx)	CHEMOPROPHYLAXIS (Px)	COMMENTS
Tularemia	IND - Live attenuated vaccine: one dose by scarification	Streptomycin 30 mg/kg IM divided BID x 10-14 d	Doxycycline 100 mg PO bid x 14 d	
		Gentamicin 3-5 mg/kg/d IV x 10-14 d	Tetracycline 500 mg PO QID x 14 d	
Brucellosis	No human vaccine available	Doxycycline 200 mg/d PO plus rifampin 600-900 mg/d PO x 6 wk	Doxycycline and rifampin x 3 wk	Trimethoprim-sulfamethoxazole may be substituted for rifampin; however, relapse may reach 30%
		Ofloxacin 400/rifampin 600 mg/d PO x 6 wks		
Viral encephalitides	VEE DOD TC-83 live attenuated vaccine (IND): 0.5 mL SC x1 dose	Supportive therapy: analgesics and anticonvulsants prn	NA	TC-83 reactogenic in 20% No seroconversion in 20% Only effective against subtypes 1A, 1B, and 1C C-84 vaccine used for non-responders to TC-83
	VEE DOD C-84 (formalin inactivated TC-83) (IND): 0.5 mL SC for up to 3 doses			
	EEE inactivated (IND): 0.5 mL SC at 0 & 28 d			
	WEE inactivated (IND): 0.5 mL SC at 0, 7, and 28 d			
Viral Hemorrhagic Fevers	AHF Candid #1 vaccine (x-protection for BHF) (IND)	Ribavirin (CCHF/arenaviruses) 30 mg/kg IV initial dose 15 mg/kg IV q 6 h x 4 d 7.5 mg/kg IV q 8 h x 6 d	NA	Aggressive supportive care and management of hypotension very important
	RVF inactivated vaccine (IND)	Passive antibody for AHF, BHF, Lassa fever, and CCHF		

Smallpox	Wyeth calf lymph vaccinia vaccine (licensed): 1 dose by scarification	No current Rx other than supportive; Cidofovir (effective in vitro); animal studies ongoing	Vaccinia immune globulin 0.6 mL/kg IM (within 3 d of exposure, best within 24 h)	Pre and post exposure vaccination recommended if > 3 years since last vaccine
Botulism	DOD pentavalent toxoid for serotypes A - E (IND): 0.5 ml deep SC @ 0, 2 & 12 wk, then yearly boosters	DOD heptavalent equine despeciated antitoxin for serotypes A-G (IND): 1 vial (10 mL) IV		Skin test for hypersensitivity before equine antitoxin administration
		CDC trivalent equine antitoxin for serotypes A, B, E (licensed)		
Staphylococcus Enterotoxin B	No vaccine available	Ventilatory support for inhalation exposure		
Ricin	No vaccine available	Inhalation: supportive therapy G-I : gastric lavage, superactivated charcoal, cathartics		
T-2 Mycotoxins	No vaccine available		Decontamination of clothing and skin	