

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 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 7 d	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		

DISEASE	VACCINE	CHEMOTHERAPY (Rx)	CHEMOPROPHYLAXIS (Px)	COMMENTS
Tularemia	IND - Live attenuated vaccine: single 0.1ml dose by scarification	Streptomycin 7.5-10 mg/kg IM 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	
		Ciprofloxacin 400 mg IV q 12h until improved, then 500 mg PO q 12 h for total of 10 - 14 d	Ciprofloxacin 500 mg PO q 12 h for 14 d	
		Ciprofloxacin 750 mg PO q 12 h for 10-14 d		
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
	VEE DOD C-84 (formalin inactivated TC-83) (IND): 0.5 mL SC for up to 3 doses			C-84 vaccine used for non-responders to TC-83
	EEE inactivated (IND): 0.5 mL SC at 0 & 28 d			EEE and WEE inactivated vaccines are poorly
	WEE inactivated (IND): 0.5 mL SC at 0, 7, and 28 d			Immunogenic. Multiple immunizations are required
Viral Hemorrhagic Fevers	AHF Candid #1 vaccine (x-protection for BHF) (IND)	Ribavirin (CCHF/Lassa) (IND) 30 mg/kg IV initial dose; then 16 mg/kg IV q 6 h x 4 d; then 8 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	NA	Skin test for hypersensitivity before equine antitoxin administration
		CDC trivalent equine antitoxin for serotypes A, B, E (licensed)	NA	
Staphylococcus Enterotoxin B	No vaccine available	Ventilatory support for inhalation exposure	NA	
Ricin	No vaccine available	Inhalation: supportive therapy G-I: gastric lavage, superactivated charcoal, cathartics	NA	
T-2 Mycotoxins	No vaccine available		Decontamination of clothing and skin	