USAMRIID's
MEDICAL MANAGEMENT
OF BIOLOGICAL CASUALTIES
HANDBOOK

Fourth Edition
February 2001

U.S. ARMY MEDICAL RESEARCH
INSTITUTE OF INFECTIOUS DISEASES

FORT DETRICK
FREDERICK, MARYLAND

Sources of information:

National Response Center: (for chem/bio hazards & terrorist events)	**1-800-424-8802 or** **1-202-267-2675**
National Domestic Preparedness Office: (for civilian use)	**1-202-324-9025**
Domestic Preparedness Chem/Bio Helpline: (Edgewood Ops Center – for military use)	**1-410-436-4484 or** **DSN 584-4484**
USAMRIID's Emergency Response Line:	**1-888-872-7443**
CDC'S Emergency Response Line:	**1-770-488-7100**
Johns Hopkins Center: (Civilian Biodefense Studies)	**1-410-223-1667**

Handbook Download Site:

An Adobe Acrobat Reader (pdf file) version, a Palm OS Electronic version, and a Microsoft Word version of this handbook can be downloaded from the internet at the following url:

http://www.usamriid.army.mil/education/bluebook.html

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PREFACE TO THE FOURTH EDITION

The Medical Management of Biological Casualties Handbook, which has become affectionately known as the "Blue Book," has been enormously successful - far beyond our expectations. Since the first edition in 1993**,** the awareness of biological weapons in the United States has increased dramatically. Over 100,000 copies have been distributed to military and civilian health care providers around the world, primarily through USAMRIID's on-site and road Medical Management of Biological Casualties course and its four annual satellite broadcasts on this subject.

This fourth edition has been completely re-edited and updated. New chapters have been added on melioidosis, the medical management of a biological weapon attack, and the use of epidemiologic clues in determining whether an outbreak might have been intentionally spread. In addition, a reference appendix has been added for those interested in more in-depth reading on this subject.

Our goal is to make this a reference for the health care provider on the front lines, whether on the battlefield or in a clinic, who needs basic summary and treatment information quickly. We believe we have been successful in this regard. We appreciate any feedback that might make future editions more useful. Thank you for your interest in this important subject.

-The Editors

ACKNOWLEDGMENTS

This handbook would not be possible without the generous assistance and support of LTC(P) Les Caudle (editor of prior editions), Dr. Richard Dukes, COL(ret) David Franz, COL Gerald Parker, COL Gerald Jennings, SGM Raymond Alston, COL James Arthur, COL W. Russell Byrne, Dr. John Ezzell, COL Arthur Friedlander, Dr. Robert Hawley, COL Erik Henchal, COL(ret) Ted Hussey, Dr. Peter Jahrling, LTC Ross LeClaire, Dr. George Ludwig, Mr. William Patrick, Dr. Mark Poli, Dr. Fred Sidell, Dr. Jonathon Smith, Mr. Richard Stevens, Dr. Jeff Teska, COL Stanley Wiener and others too numerous to mention. The exclusion of anyone on this page is purely accidental and in no way lessens the gratitude we feel for contributions received.

DISCLAIMER

The purpose of this Handbook is to provide concise supplemental reading material to assist in education of biological casualty management. Although every effort has been made to make the information in this handbook consistent with official policy and doctrine (see FM 8-284), the information contained in this handbook is **not** official Department of the Army policy or doctrine, and it should not be construed as such.

As you review this handbook, you will find specific therapies and prophylactic regimens for the diseases mentioned. The majority of these are based on standard treatment guidelines; however some of the regimens noted may vary from information found in standard reference materials. The reason for this is that the clinical presentation of certain biological weapon diseases may vary from the endemic form of the disease. For ethical reasons, human challenge studies can only be done with a limited number of these agents. Therefore, treatment and prophylaxis regimens may be derived from in vitro data, animal models, and limited human data. Occasionally you will find various investigational new drug (IND) products mentioned. They are often used in the laboratory setting to protect healthcare workers. These products are not available commercially, and can only be given under a specific protocol with informed consent. They are mentioned for scientific completeness of the handbook, and are not necessarily to be construed as recommendations for therapy.

EXECUTIVE ORDER 13139:
IMPROVING HEALTH PROTECTION OF MILITARY PERSONNEL PARTICIPATING IN PARTICULAR MILITARY OPERATIONS

On 30 September 1999, the President of the United States issued Executive Order 13139, which outlines the conditions under which IND and off-label pharmaceuticals could be administered to U.S. service members. This handbook discusses numerous pharmaceutical products, some of which are investigational new drugs (IND). In certain other cases, licensed pharmaceuticals are discussed for use in a manner or for a condition other than that for which they were originally licensed (i.e. An “off-label" indication).

This executive order does not intend to alter the traditional physician-patient relationship or individual physician prescribing practices. Health care providers remain free to exercise clinical judgement and prescribe licensed pharmaceutical products as they deem appropriate for the optimal care of their patients. This policy does, however, potentially influence recommendations that might be made by U.S. government agencies and that might be applied to large numbers of service members outside of the individual physician-patient relationship. The following text presents a brief overview of EO 13139 for the benefit of the individual provider.

EO13139:

•Provides the Secretary of Defense guidance regarding the provision of IND products or products unapproved for their intended use as antidotes to chemical, biological, or radiological weapons;

•Stipulates that the US Government will administer products approved by the Food and Drug Administration (FDA) only for their intended use;

•Provides the circumstances and controls under which IND products may be used.

In order to administer an IND product:

•Informed consent must be obtained from individual service members;

•The President may waive informed consent (at the request of the Secretary of Defense and only the Secretary of Defense) if:
–Informed consent is not feasible
–Informed consent is contrary to the best interests of the service member
–Obtaining informed consent is not in the best interests of national security.

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