

	DISEASE	CHEMOTHERAPY (Rx)	CHEMOPROPHYLAXIS (Px)	VACCINE	COMMENTS
BACTERIA	Anthrax	<i>Inhalational:</i> Ciprofloxacin or Doxycycline and at least 1 or 2 other effective antibiotics <i>Cutaneous:</i> Ciprofloxacin, Doxycycline, or Amoxicillin	Ciprofloxacin, Doxycycline, Amoxicillin (Amoxicillin for sensitive organisms only)	Licensed	Other effective antibiotics include vancomycin, clindamycin, imipenem, clarithromycin, ampicillin, or penicillin
	Brucellosis	Doxycycline plus Rifampin (most common regimen)	Doxycycline plus Rifampin	No Human Vaccine Available	In children < 8 years old, TMP-SMZ substituted for doxycycline
	Cholera	Oral rehydration therapy during period of high fluid loss Tetracycline, Doxycycline, or Ciprofloxacin	Household contacts: Tetracycline, doxycycline, or trimethoprim-sulfamethoxazole (TMP-SMZ)	Not Licensed in US	Vaccine not recommended for routine protection in endemic areas (50% efficacy, short term) Alternate Rx for cipro/doxy resistant strains: erythromycin, trimethoprim-sulfamethoxazole, and furazolidone
	Glanders	Severe disease: Ceftazidime followed by TMP-SMZ Local disease: TMP-SMZ and/or Amoxicillin-Clavulanate	Post-exposure prophylaxis may be tried with TMP-SMX	No Vaccine Available	Adjust antibiotics based on sensitivities
	Plague	Streptomycin, Gentamicin, Alternate: Doxycycline or Ciprofloxacin	Doxycycline Alternate: Ciprofloxacin	Licensed (no longer available)	Chloramphenicol for plague meningitis
	Q Fever	Tetracycline or Doxycycline	Tetracycline or Doxycycline	Investigational New Drug (IND)	Alternate treatment: Ciprofloxacin or Chloramphenicol
	Tularemia	Streptomycin or Gentamicin, Alternate: Doxycycline, Ciprofloxacin, or Chloramphenicol	Doxycycline Alternate: Ciprofloxacin	IND	
VIRUSES	Smallpox	Supportive Rx, Possibly Cidofovir (IND)	Vaccine within 7 days of exposure	Licensed	All caretakers should be vaccinated
	Viral Encephalitides (VEE, EEE, WEE)	Supportive Therapy: Analgesics and Anticonvulsants	Not Applicable	IND for VEE	
	Viral Hemorrhagic Fevers	Ribavirin for Crimean-Congo hemorrhagic fever or Lassa fever (IND)	Not Applicable	Some have IND vaccines	Aggressive supportive care and management of hypotension
TOXINS	Botulism	CDC trivalent equine antitoxin for serotypes A, B, E (Licensed) DoD heptavalent equine despeciated antitoxin for serotypes A-G (Investigational New Drug)	Not Applicable	IND	Skin test for hypersensitivity before equine antitoxin administration
	Ricin	Inhalation: supportive therapy GI: gastric lavage, superactivated charcoal, cathartics	Not Applicable	No vaccine available	Meticulous attention to fluid and electrolyte balance optimizes survival
	Staphylococcus Enterotoxin B	Ventilatory support for inhalation exposure	Not Applicable	No vaccine available	Respiratory distress stabilizes within hours
	Trichothecene Mycotoxins	Inhalational and dermal: Supportive GI: Superactivated charcoal	Decontamination of clothing and skin	No vaccine available	Flush eyes with normal saline

Refer to detailed information sources regarding dosing and individual patient considerations. Expert opinion recommendations may not necessarily be approved by the Food and Drug Administration.

References: USAMRIID. Medical Management of Biological Casualties Handbook, 4th Edition. 2001
American Academy of Pediatrics. Red Book: 2003 Report of the Committee on Infectious Diseases, 26th Edition. 2003
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