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DEPARTMENT OF DEFENSE ARMED FORCES EPIDEWIOLOGICAL BOARD 5109 LEESBURG PIKE FALLS CHURCH, VA22041-3258



AFEB (15-la) 90-7

30 August 1990

MEMORANDUM FOR THE ASSISTANT SECRETARY OF DEFENSE (HEALIH AFFAIRS)

THE SURGEON GENERAL, DEPARTMENT OF THE ARMY
THE SURGEON GENERAL, DEPARTMENT OF THE NAVY
THE SURGEON GENERAL, DEPARTMENT OF THE AIR FORCE

SUBJECT: [U] Recommendations Concerning Immunization Policies

- 1. On 29 August 1990 appropriate members of the Disease Control Subcommittee of the Armed Forces Epidemiological Board were requested by the Surgeon General, Department of the Army, to review intelligence strongly suggesting that the country of Iraq had developed and weaponized certain biological agents. The high threat agents discussed were anthrax and botulinum toxin. The committee was extensively briefed by the Armed Forces Medical Intelligence Center regarding the nature and extent of the threat, and the Army Medical Research and Development Command on immunological issues and vaccine availability as appropriate. Based on the data presented and subsequent discussions the Board recommends:
 - a. That anthrax immunization of Operation Desert Shield forces commence as soon as possible, beginning with units and personnel at greatest risk of exposure. The FDA-licensed vaccine would be 5USC 552 (b)(1)
 - b. That botulimum toxoid immunization of selected Operation Desert Shield forces at greatest risk of exposure commence as soon as possible. The pentavalent toxoid will 51 3 C 552 (5)(1) schedule in compliance with the approved Investigational New Drug protocol.
 - c. That production and shipment of vaccines should be expedited and coordinated with the Food and Drug Administration after safety tests have been satisfactorily performed, but not necessarily before potency tests have been completed. Lot numbers of administered vaccines will be recorded so that an additional dose can be administered to those receiving a lot with inadequate potency.
 - d. That continuing medical education and training for medical personnel assigned to Operation Desert Shield be strengthened to address these and additional threats as appropriate. Additionally,

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steps should be taken to augment supplies and equipment in the Theatre of Operations requisite for protection, decontamination, and treatment of personnel.

FOR THE ARMED FORCES EPIDEMIOLOGICAL BOARD:

THEODORE E. WOODWARD, M.D.

President, AFEB

W. M. PARSONS, Ph.D.

CAPT, MSC, USN

Executive Secretary

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