



DEPARTMENT OF DEFENSE
ARMED FORCES EPIDEMIOLOGICAL BOARD
5109 LEESBURG PIKE
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MAY 22 2002

AFEB (15-1a) 2002-07

MEMORANDUM FOR The Assistant Secretary of Defense (Health Affairs)
The Surgeon General, Department of The Army
The Surgeon General, Department of The Navy
The Surgeon General, Department of The Air Force

SUBJECT: Deviation from Anthrax Vaccine Policy - Update

1. On 28 April 1998, the Armed Forces Epidemiological Board (AFEB) issued recommendation 1998 – 11, “Deviation from the Anthrax Vaccine Policy.” The recommendation was made upon review of the data available at the time on post-immunization antibody levels of anthrax immunized individuals. Specifically, the AFEB recommended that the primary series be restarted with the first dose if more than two years had elapsed and only one previous dose had been received. On 15 December 2000, recommendations of the Advisory Committee on Immunization Practices (ACIP) were issued on “Use of Anthrax Vaccine in the United States.” The ACIP concluded that “...interruption of the vaccination schedule does not require restarting the entire series of anthrax vaccine or the addition of extra doses.”
2. The ACIP findings and relevant research reviewed since issuing the 28 April 1998 AFEB recommendation, including the recently released 2002 Institute of Medicine report “The Anthrax Vaccine” support the conclusion that doses of anthrax vaccine administered post primary inoculation(s) stimulate a robust anamnestic response and that increasing the interval between doses does not adversely affect immunogenicity. Therefore, the Board issues the following update of AFEB Recommendation 1998 – 11:

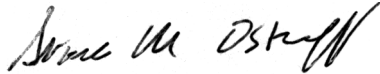
THE PRIMARY SERIES OF ANTHRAX VACCINE ADSORBED GENERALLY DOES NOT NEED TO BE RESTARTED BECAUSE OF LATE OR MISSED DOSES OR AN INTERRUPTED SCHEDULE, BUT MAY SIMPLY RESUME WITH ADMINISTRATION OF THE NEXT SCHEDULED DOSE IN THE SERIES.

The AFEB will systematically review new data regarding anthrax vaccine as it becomes available, and reconsider recommendations as dictated by new findings.

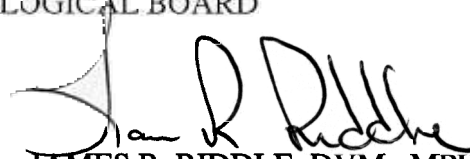
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3. The above recommendation was unanimously approved.

FOR THE ARMED FORCES EPIDEMIOLOGICAL BOARD



STEPHEN M. OSTROFF, MD
AFEB President



JAMES R. RIDDLE, DVM., MPH
Colonel, USAF, BSC
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