THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

OCT 19 2001

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY
(MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY
(MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE
(MANPOWER AND RESERVE AFFAIRS)
EXECUTIVE DIRECTOR, TRICARE MANAGEMENT ACTIVITY

SUBJECT: Policy on Prophylaxis and Treatment for Anthrax Exposures

This policy provides guidance for prescribing antibiotics for post-exposure prophylaxis for anthrax. This guidance is applicable to all DoD providers. The recent isolation of anthrax in several different locales in the U.S. has highlighted the need for policy guidance concerning the dispensing of antibiotics to those who are concerned that they may have been exposed to anthrax or who fear they might be exposed in the future. Current guidelines from the Centers for Disease Control and Prevention (CDC) recommend that physicians not prescribe antibiotics for anthrax at this time unless there is credible evidence to support the possibility of exposure. Providers should work with local public health officials in cases of suspected exposure, and prescribe antibiotics in accordance with current CDC guidelines.

A focus upon identification and tracking of suspected exposures will help to ensure that those exposed receive appropriate care and follow-up. Preventive measures, such as prophylactic antibiotics, are not without risk, and in the absence of any evidence of a release of a biologic agent, currently have no benefit. Inappropriate use of antibiotics will lead to increased antibiotic resistance among microorganisms causing common bacterial infections (e.g., otitis media, pneumonia) and may result in serious adverse effects (e.g., *Clostridium difficile* colitis, allergic reactions, interactions with other medications). Given the risks associated with inappropriate antibiotic use and since medications from the national stockpile would be rapidly available for prophylaxis of exposed persons following a confirmed bioterrorist event, physicians should refrain from prescribing antibiotics for patients for current use or to stockpile for the future.

DoD providers should prescribe antibiotics for patient use as prophylaxis against biological agents only if there is clinical suspicion of exposure to anthrax, or there has been confirmation by local public health officials that such prescribing is indicated. Similarly, military facility pharmacies should dispense such prescriptions only under these circumstances. All suspected exposures to biologic agents must be reported to local preventive medicine, public health and law enforcement officials immediately so that appropriate investigation and any necessary control measures may begin.

With respect to pharmacy benefits through other than military facility providers, the Executive Director, TRICARE Management Activity shall establish appropriate guidelines for utilization review and medical necessity evaluation consistent with this memorandum.

For more information on emergency public health response efforts, the CDC web page at www.bt.cdc.gov is recommended, where information regarding the most common questions about this subject as well as the latest information on preparedness efforts will continue to be posted and updated.

Further guidance on how to handle anthrax and other biological agent threats may also be accessed at http://www.bt.cdc.gov/DocumentsApp/Anthrax/10122001Handle/10122001Handle.asp.

Guidance concerning treatment or prophylaxis for anthrax may be accessed at http://www.bt.cdc.gov/Agent/Anthrax/Consensus.pdf and www.cdc.gov/mmwr/preview/mmwrhtml/rr4915a1.htm.

Any questions pertaining to the above recommendations should be referred to Colonel John Powers at 703-681-1708.

J. Jarrett Clinton, MD, MPH
Acting Assistant Secretary

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Deputy Director for Medical Readiness, J4/JS