DEPARTMENT OF DEFENSE
ARMED FORCES EPIDEMIOLOGICAL BOARD
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

REPLY TO
ATTENTION OF

AFEB (15-1a) 08 November 1996

MEMORANDUM FOR THE ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)

SUBJECT: Armed Forces Epidemiological Board (AFEB) Recommendation for Biological Warfare (BW) Vaccines

1. In accordance with DoD Directive 6205.3, DoD Immunization Program for Biological Warfare Defense, the AFEB Disease Control Committee met on 31 October 1996 at USAMRIID to review vaccines available to protect against the validated BW threat agents.

2. The AFEB makes the following comments and recommendations as a result of that meeting:

a) The AFEB endorses the proposed DoD anthrax vaccine implementation plan under the current vaccine protocol. The committee recommends that DoD aggressively pursue clinical investigations necessary to resolve questions about an accelerated anthrax vaccine schedule.

b) The investigational botulinum toxoid vaccine is suitable for use under the current protocol in personnel with risk of exposure to BW agents. The AFEB strongly recommends that DoD continue to pursue investigations and discussions with FDA to facilitate licensure of this vaccine.

c) Because of certain characteristics of staphylococcal enterotoxin B (SEB) and tularemia which make them potentially effective BW agents, the AFEB recommends that DoD continue advanced development of the SEB vaccine as rapidly as possible and aggressively pursue licensure of the IND tularemia vaccine.

d) Because of the fact that Venezuelan equine encephalitis (VEE) is both an endemic threat to U.S. forces in certain parts of the world and a potential BW threat, the AFEB recommends that DoD continue advanced development of the new VEE vaccine.

e) The AFEB highly recommends discussions between DoD and FDA on issues regarding licensure of vaccines of significance against BW agents. A joint meeting of the AFEB with DoD and FDA should be considered. Among the issues that should be discussed are: 1) development of combination vaccine products and immunization schedules to facilitate delivery of vaccines to military personnel; 2) acceptance of surrogate marker data for BW vaccines.

f) When vaccines are not effective or available against validated BW agents, the AFEB recommends a study of medical resources necessary for rapid deployment of troops to high risk areas, including availability of appropriate chemoprophylaxis where indicated.

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