

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Anthrax Vaccine Absorbed (AVA)</p> <p>Bio Thrax® Emergent BioSolutions</p>	<p>Persons aged 18 years through 64 years</p> <p>First: 0.5 mL IM Second: 0.5 mL IM at 4 weeks Third: 0.5 mL IM at 6 months Fourth: 0.5 mL IM at 12 months Fifth: 0.5 mL IM at 18 months</p>	<p>Dose: 0.5 mL IM at 1 year intervals if remain at risk</p>	<p>Preexposure: Routine preexposure vaccination with AVA is indicated for persons engaged in work involving production of quantities or concentrations of <i>B. anthracis</i> cultures and in activities with a high potential for aerosol production. Routine preexposure vaccination is only recommended for persons who come in contact in the workplace with imported animal hides, furs, bone meal, wool, animal hair, or bristles for whom industry standards and import restrictions are insufficient to prevent exposure to anthrax spores. Vaccination might be indicated for veterinarians and other persons handling potentially infected animals in areas with a high incidence of anthrax cases.</p> <p>Preexposure vaccination may be indicated for certain military personnel and other select groups who may be exposed to an intentional release of <i>B. anthracis</i>. Preexposure vaccination is not currently recommended for emergency first responders, federal responders, medical practitioners, or private citizens.</p> <p>Postexposure: In the event that persons are exposed to potentially aerosolized <i>Bacillus anthracis</i> spores, CDC recommends 60 days of selected oral antibiotics in conjunction with a 3-dose regimen (0, 2 weeks, 4 weeks) of anthrax vaccine (BioThrax) as an emergency public health intervention. Two major U.S. national advisory bodies have considered strategies for prophylaxis for prevention of inhalation anthrax among individuals exposed to potentially aerosolized <i>B. anthracis</i> spores. Both groups, the Advisory Committee on Immunization Practices (ACIP) and the John Hopkins Working Group on Civilian Biodefense, concluded that based on available data, the best means for prevention of inhalation anthrax is prolonged antibiotic therapy in conjunction with anthrax vaccination. In addition, an Institute of Medicine Report on anthrax vaccine safety and efficacy also concluded that based on limited animal studies, anthrax vaccine administered in combination with antibiotics following exposure to <i>B. anthracis</i> spores may help to prevent the development of inhalation anthrax. BioThrax is not licensed for postexposure prophylaxis for prevention of inhalation anthrax, or for use in a 3-dose regimen; therefore, this program would be conducted under an Investigational New Drug (IND) application.</p> <p>Adverse Reactions: minor local reactions occur in 20% of vaccinations, moderate local reactions occur in 3% of vaccinations, and severe local reactions occur in 1% of vaccinations. Subcutaneous nodules occur at the injection site in 30%–50% of recipients and persist for several weeks. Systemic reactions (i.e., chills, muscle aches, malaise, or nausea) occur in 5%–35% of vaccine recipients. Severe (e.g., allergic) reactions are rare.</p> <p>Precautions:</p> <ul style="list-style-type: none"> • A moderate or severe acute illness until recovery • Pregnancy • History of Guillain-Barré Syndrome (GBS) <p>Contraindications:</p> <ul style="list-style-type: none"> • History of a severe allergic (anaphylactic) reaction to a vaccine component or following a prior dose • History of anthrax because of observations of more severe adverse reactions among recipients with a history of anthrax disease.