

The American Public Health Association

(Extracted from policies adopted at the Annual Conference, 1999)

9930: Anthrax Immunization

The AmericanPublicHealth Association,

Recognizing that personnel of the armed forces of the United States are required to accept standard medical treatment;

1 and

Noting that efficacy of the currently available vaccine against anthrax remains controversial;

2 and

Recognizing that prior to the Gulf War, 20,000 inoculations had been routinely administered to persons who were at high risk, including veterinarians and workers in industries handling wool and hides without any reports of adverse reactions; and

Noting that due to poor record-keeping during the Gulf War no data is available relating adverse events; and Noting that the current vaccine was licensed by the Food and Drug Administration (FDA) in 1970, two years before efficacy data were required for licensing, and that the Deputy Director for Science and PublicHealth of the Centers for Disease Control and Prevention (CDC) stated on December 14, 1998 that: "Although the current anthrax vaccine has been shown to be effective in preventing the cutaneous form of anthrax, CDC is neither aware of definitive data that demonstrates the vaccine's ability to protect against the inhalation form of this disease in humans, nor are we aware of any data relative to the efficacy of this vaccine in humans exposed to genetically altered Bacillus anthracis strains";

3 and

Noting that a number of US troops have refused immunization with this vaccine because of concern about the efficacy and unsubstantiated concern about the safety of the vaccine, resulting in reduction in their rank and pay, dismissal with other-than-honorable discharges and, in some cases, threats of court martial;

4 and

Noting that the Ministry of Defense of the United Kingdom has made anthrax immunization voluntary rather than mandatory and that 73 percent of the British troops to whom it was offered refused it;

5 and

Recognizing that new types of anthrax immunization are in the process of development;

6 and

Concerned that mandatory immunization with a vaccine of unproved efficacy when an improved vaccine may soon be available, is contrary to publichealth principles and may adversely affect the acceptance of voluntary or mandatory immunization programs in which there is good evidence of vaccine efficacy and safety;

7 therefore

1. Urges the US Department of Defense to delay any further immunization against anthrax using the current vaccine or at least to make immunization voluntary; and
2. Urges that a commission of military and non-military publichealth experts be formed to review the evidence for effectiveness and safety of the current vaccine and the time at which an improved vaccine may be available, and to make recommendations about the continuation of the current immunization program.

References

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