## BIOLOGICAL WARFARE IDT CHART v9.24.01 © 2001, 2025

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## INTOXIKON INTERNATIONAL

DR. JOHN BRICK Yardley, PA 19067 (Intoxikon@intoxikon.com)	ANTHRAX (Bacterial)	BOTULISM (Bacterial)	BRUCELLOSIS (Bacterial)	CHOLERA (Bacterial)	GLANDERS (Bacterial)	PLAGUE (Bacterial) Pneumonic plague=pp	Q-FEVER (Bacterial) Q-fever, Rickettsia	TULAREMIA (Bacterial)	HEMORRHAGIC FEVERS (Viral) Ebola, Marburg,
	Pulmonary (p) Cutaneous (c) G.I. (gi)					Bubonic plague=bp		glandular=ut  Typhoidal=tt	Lassa, Argentine, Bolivian, Congo- Crimean, Rift Valley, Yellow Fever, Dengue (Viral)
SYMPTOMS									
CARDIOVASCULAR	X (p)					X Collapse			X Hypotense
CV Compromise Cyanosis	X 2nd Stage					(pp) X (pp)			
Edema	X (p)	-				Х (рр)			X
Hemorrhage	W Z					Х			X
						(pp or bp)			Easy bleeding
Diaphoresis Diathesis	X 2nd Stage				X	X Bleeding			X
Diatriesis						(pp)			^
Shock	X (p)					W-F-7			Х
Tachycardia	X 2nd Stage								
PULMONARY	X Moderate		X Pleuritic pain in		X Pleuritic	X Pain	X Pain		
Chest discomfort	1st Stage		20% of cases		chest pain	Araiii	Araiii		
Cough	X 1st Stage		X 20% of cases				X Non-	X (tt)	
D	Nonproductive			1	1	V (nn)	productive	Nonproductive	-
Dyspnea Hemoptysis	X 2nd Stage			+	+	X (pp) X (pp)		+	
Respiratory distress	X 1st Stage	X Paralysis		1	1	X Failure (pp)		<u> </u>	
Respiratory failure	X > 2-4 d	X 2nd Stage							
Stridor	X 2nd Stage					X (pp)		14.600	
Substernal discomfort								X (tt)	
MUSCULAR-SKELETAL Arthralgias			X						
Myalgias			Х		Х		Х		Х
Rigors					Х				
Sacrolitis			Х						
Vertebral osteomyletis			X						
NEURO Blurred vision		X 1st Stage	V			V Obilla (a.a.)		V Obille (cd)	
Chills/sweating Dizziness		X 1st Stage	X			X Chills (pp)	Х	X Chills (ut)	
Diplopia		X 1st Stage							
Dysarthia		X 1st Stage							
Fatigue	X 1st Stage		X Severe						
Flaccid paralysis Headache		X 2nd Stage	X	Х	Х	X (pp)	X Severe	X (ut,tt)	X
Malaise	X 1st Stage		^	^	^	X (bp)	X	X (ut,tt)	X
Mental Status Change			X Depression			(/	X	(4.,1.)	
							Confusion		
Prostration		V 4-4 04						X (tt)	
Ptosis Weakness		X 1st Stage X 1st Stage	X Severe						
IMMUNE					X				
Cervical adenopathy									
Fever	X 1st Stage		X Irregular	X Minimal	Х	X High (pp,bp)	X 104-105°	X (ut, tt)	
Flu-like symptoms	X 1st Stage		X				10-100		
Lymph nodes	X					X Tender (bp)		X Regional adenopathy (ut)	
Splenomegaly					Х				
G.I. Colic	X Bloody			X, "rice			Х		
Dii	diarrhea (gi)		_	water" stool		-		ļ	-
Diarrhea Dysphagia	X	X 1st Stage	Х	Х	<del> </del>	<del> </del>		<del>                                     </del>	X
Nausea/Vomiting	X (gi)	7. Tot Otago		Х	†	†	Х	1	X
Ulcer								X Local (ut)	
Weight Loss		V4.15:	X Anorexia	ļ	ļ		V 0	X (tt)	
Dry mouth/throat		X 1st Stage					X Sore		
SKIN Flushed face & chest	1			†	†	†		1	X
Lesions, depressed eschars	X (c ) Lesions → black eschars								
Papular/pustular eruptions					Х				
HEMOLYTIC Petechae									X
Toxemia						X (pp)			
RENAL Renal insufficiency	-			-	-	-	<del>                                     </del>	<del> </del>	Х
INCIDENT INCIDENTIAL INSURINGENCY	1	L	ı	L	L	L		I	I ^

Decontamination solution: Hypochlorite is available as Clorox® (5.25% sodium hypochlorite). To make 0.5% solution, mix 1 part Clorox® and 9 parts water (1:9). Mix daily.

The purpose of this chart is to provide concise guidance in the general identification and management of biological casualties. It is not a definitive text, but is designed to be a quick reference of the most common symptoms and treatments. This chart does not list all potential biological weapons. For some agents (e.g., T2 and other mycotoxins) and many hemorrhagic fever viruses, no specific therapies are available. Therefore, they were not included in this chart. Vaccines against some biological weapons are available (see reverse side). For more information, consult the references listed below and contact the CDC (770) 488-7100 or (404) 639-2807, or your state health agency.

References: Medical Management of Biological Casualties Handbook, US Army Medical Research Institute of Infectious Diseases, Operational Medicine Division (1998); Jane's Chem-Bio Handbook, Jane's Information Group (1998); Biological Warfare and Terrorism: The Military and Public Health Response, Satellite Broadcast: US Army, Centers for Disease Control, Federal Drug Administration, Public Health Network (1999).

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INTOXIKON INTERNATIONAL

© Document may	ANTHRAX	BOTULISM	BRUCELLOSIS	CHOLERA	GLANDERS	PLAGUE	Q-FEVER	TULAREMIA	VIRAL HEMORRHAGIC
be reproduced in its entirety without permission**						Pneumonic plague=pp Bubonic plague=bp		Ulceroglandular=ut Typhoidal-tt	FEVER
THERAPY	Supportive therapy may be required			Electrolyte replacement therapy mix 3.5 g NaCl (Salt), 2.5 g NaHCO <sub>3</sub> (sodium bicarbonate), 1.5 g KCl (potassium chloride); 20 g of glucose/liter water	Avoid contaminated biologicals, substances, objects (fomites)	Supportive therapy required	Self-limiting	Early therapy very effective	Intensive support may be required
Chloramphenicol						Meningitis: 1 g IV qid x 10- 14 d			
Ciprofloxcin	400 mg IV, q 8-12 h No Cipro in pregnant women or children unless life threatening			500 mg q 12 h x 3 d					
Doxycycline	200 mg IV x 1 <i>plus</i> 100 mg IV q 8-12 h No Doxy in pregnant women or children unless life threatening		200 mg/d PO plus Rifampin 600-900 mg/d PO x 6 w	300 mg once or 100 mg q 12 hr x 3 d		200 mg IV then 100 mg IV bid x 10-14 d	100 mg q 12 h x 5-7 d		
Erythromycin				Adult: 500 mg q 6 hr x 3 d Pediatric: 40 mg/kg/d divided into 4 doses x 3 d					
Furazolidone				Pediatric: 5 mg/kg/d divided into 4 doses x 3 d or 7 mg/kg/d x 1					
Gentamicin	30 mg/kg IM qid					30 mg/kg/d (IM) in 2 doses x 10 d		3-5 mg/kg/d IV x 10-14 d	
Ofloxacin	2 000 000 11 11/2 2 5 7/2	Martin and the second	400 mg/d PO x 6 w						
Penicillin	2,000,000 U IV q 2 h <i>plus</i> Streptomycin 30 mg/kg IM qid; Cutaneous-Procaine Penicillin 2,000.000 U qd until edema subsides then PO x 7-10 d	Ventilatory support critical. Trach or endotrach intubation will decrease fatalities		_					
Ribavirin									Rift Valley & poss. other HFVs: 30 mg/kg/IV then 15 mg/kg IV q 6 h x 4 d, then 7.5 mg/kg IV q 8 h x 6 d
Rifampin Streptomycin			600 mg/day PO x 6 w			30 mg/kg/d (IM) in 2 doses		1 am IM a 12 h x	
Sulfadiazene				Pediatric: 40 mg/kg/d	100 mg/kg/d in divided doses	x 10 d		1 gm IM q 12 h x 10-14 d	
				divided into 2 doses x 3 d	x 3 w		500 50 . 0 . 5 7 4		
Tetracycline				500 mg q 6 h x 3 d Pediatric: 50 mg/kg/d divided into 4 doses x 3 d			500 mg PO q 6 h x 5-7 d		
Trimethoprin				Pediatric: 8 mg/kg/d divided into 2 doses x 3 d					
PROPHYLAXIS	Vaccine	IND vaccine	No vaccine	Vaccine, but limited (50%)	No vaccine	Vaccine	Vaccine	IND Vaccine	Yellow Fever vaccine is licensed.
THOMPSAID	Vaccine	IND VACCINE	Avoid unpasturized milk and cheese	protection. Limited data on effectivenes against aerosol	No vaccine	Vaccine	vacane	IND VACCING	Prophylactic ribavirin may be effective for other VHF.
Ciprofloxacin	500 mg PO bid x 4 w					500 mg PO bid x 7 d			
Doxycycline	100 mg PO bid x 4 w plus vaccine		200 mg/d PO <i>plus</i> Rifampin 600-900 mg/d PO x 6w			100 mg PO bid x 7 d	100 mg PO start 8-12 d post exposure x 5 d	100 mg PO bid x 14 d	
Tetracycline						500 mg PO qid x 7 d	500 mg PO start 8-12 d post exposure x 5 d	500 mg PO qid x 14 d	
Human-to-Human	No, except when skin broken	No	No	Rare	Low	High	Rare except in pneumonia	No	Moderate
Transmission? Transmission from Animals?	Yes, from infected animals	No	Tissue, urine, milk, raw milk, cheese				cases		
Delivery	Aerosol weapon; Contaminated, undercooked meat Fly bites	Aerosol weapon; Food/vegetables	Aerosol or food supply Contact with infected animals	Aerosol weapon Food, contaminated water	Aerosol	Inhalation of bacteria-laden droplets. Infected fleas, direct contact with contaminated tissue.	Airborne dust Aerosol Placental tissues, milk, urine, feces	Skin, mucous membranes Insect bites Aerosol, fomites, mosquitoes	Aerosol, respiratory system Fomites, direct contact with body fluids (except Dengue) Yellow Fever, Dengue: Mosquitoes
Precautions  Standard Precautions for healthcare workers = SP	SP	SP	SP Avoid unprotected contact with skin or mucous membranes Avoid unpasturized milk/cheese	SP Avoid contaminated biologicals, substances, objects	SP	SP	SP	SP	Contact Precautions for healthcare workers. Isolation and barrier nursing procedures apply. Avoid IM injections, aspirin, anti- coagulant drugs
Decontamination	Clorox®	0.5% Clorox®for 10 min; and/or soap and water		0.5% Clorox®	0.5% Clorox <sup>®</sup>	2-5% Clorox <sup>®</sup> Heat (162°F)	Soap and water or 70% ethyl alcohol	Heat (131° F)	Clorox, phenolic decontaminants
Incubation period	1-6 d	Inhalation – 24-36 h Ingestion – several days	5-60 d; Avg: 1-2 m	4 h – 5 d; Avg: ~2-3 d	10-14 d > 14 d if from aerosol attack	Pneumonic – 2-3 d Bubonic plague – 2-10 d	Pneumonia in 30-50% 10-40 d incubation period Highly infectious as inhalable cloud	1-21 d Illness lasts for > 2 w	2-7 d to 2-3 w
Fatal	24-36 h, 80-90% of cases	Respiratory -60% mortality Death in 24-72 h Most lethal of all toxins	Not usually, if treated with antibiotics	50% in untreated cases- Severe dehydration.	If untreated–fatal within 3-4 w In septicemic form – 7-10 d.	Pneumonic – 100% fatal if not treated within 24 h of onset. Bubonic – untreated – 50% fatality rate.	<1% fatality	Moderately lethal if untreated	Virus 5-20%+ Ebola – fatal in 50-90%