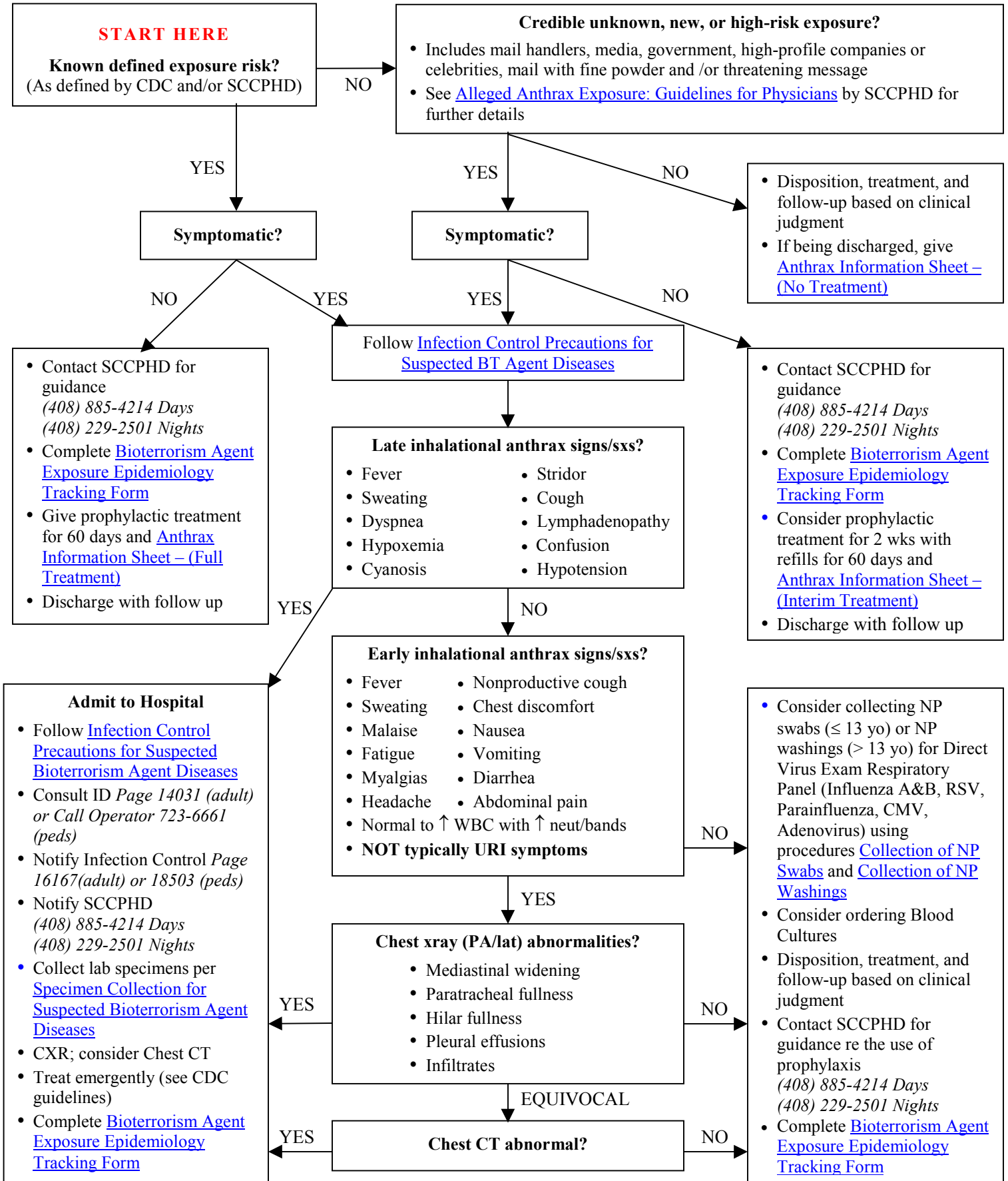


INHALATIONAL ANTHRAX CLINICAL PATHWAY (Updated 01/09/02)

SUMC Bioterrorism & Emergency Preparedness Task Force



Post-exposure Prophylaxis (Used to Prevent Inhalational Anthrax)

	Initial therapy	Duration
Adults (Including pregnant women, breastfeeding mothers, and immunocompromised persons)	Ciprofloxacin 500 mg po BID OR Doxycycline 100 mg po BID	60 days ^a (If only suspected but not confirmed exposure, may stop antibiotics if testing of substance rules out exposure to <i>B. anthracis</i>)
Children	Ciprofloxacin 15 mg/kg/dose po q 12 hrs (not to exceed 1 gram/day) OR Doxycycline >8 yrs and >45 kg: 100 mg po BID >8 yrs and ≤ 45 kg: 2.2 mg/kg/dose po BID ≤ 8 yrs: 2.2 mg/kg/dose po BID	60 days ^a (If only suspected but not confirmed exposure, may stop antibiotics if testing of substance rules out exposure to <i>B. anthracis</i>)

^a Please see the US Department of Health and Human Services December 18, 2001 Statement for other prophylaxis options at <http://www.bt.cdc.gov/DocumentsApp/Anthrax/12182001/hhs12182001.asp>.

NOTES RE CHILDREN, PREGNANT WOMEN, AND BREASTFEEDING MOTHERS:

The above prophylaxis regimens should not be started for children, pregnant women, and breastfeeding mothers unless recommended by Infectious Diseases or the Santa Clara County Public Health Department. Before initiating prophylaxis, please see the following notes for details.

- Ciprofloxacin is considered the first line initial prophylactic therapy for pregnant women. Use of fluoroquinolones (which include ciprofloxacin) in pregnant women is unlikely to pose a substantial teratogenic risk but data are insufficient to determine that there is no risk. Penicillins generally are considered safe for use during pregnancy and are not associated with an increased risk for fetal malformations. When *B. anthracis* is known to be penicillin-susceptible, therapy can be subsequently changed to amoxicillin 500 mg po TID to continue out to 60 days. Use of tetracyclines (which include doxycycline) in pregnant women has potential adverse effects on fetal bone and teeth development. Doxycycline should be used with caution and only when contraindications are present regarding the use of fluoroquinolones or penicillins. Pregnant women should be advised that congenital malformations occur in approximately 2%-3% of births, even in the absence of known teratogenic exposure.
- Use of tetracyclines and fluoroquinolones in children has potential adverse effects. These risks must be weighed against the risk for developing life-threatening diseases. If a release of *B. anthracis* is confirmed, children should be treated initially with ciprofloxacin or doxycycline as prophylaxis, but therapy may be changed to oral amoxicillin 80 mg/kg/day divided q 8 hrs (not to exceed 500 mg/dose) as soon as penicillin susceptibility of the organisms has been confirmed.
- Ciprofloxacin and tetracyclines are usually considered compatible with breastfeeding by the American Academy of Pediatrics because the amount of either drug absorbed by infants is small, but little is known about the safety of long-term use. Mothers concerned about the use of ciprofloxacin or doxycycline for antimicrobial prophylaxis should consider expressing and then discarding breast milk so that breastfeeding can be resumed when prophylaxis is completed. When *B. anthracis* is known to be penicillin-susceptible, prophylaxis can be subsequently changed to amoxicillin 500 mg po TID to continue out to 60 days. Because of its known safety for infants, amoxicillin is an option for antimicrobial prophylaxis in breastfeeding mothers when *B. anthracis* is

Inhalational Anthrax Treatment Protocols

Call Infectious Diseases and see CDC Guidelines posted on the following websites:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5042a1.htm>
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5045a5.htm>