



## Consensus Statement

Recognizing the reality of documented attempts of radical terrorist groups to develop and deploy anthrax as a weapon of terror, the undersigned are unanimous in their belief that the “civilian” Emergency Responder and Critical Infrastructure workforce should be offered the same level of prospective protection afforded to their federal counterparts.

We urge the Department of Health and Human Services, the CDC Advisory Committee on Immunization Practices, and the Department of Homeland Security to immediately clear all barriers to the funding, acquisition, and delivery of Anthrax Vaccine Adsorbed (AVA) to Emergency Responder/Critical Infrastructure workforce on a voluntary basis.

Moreover, we believe that AVA availability should be prioritized to the Emergency Responder/Critical Infrastructure workforce in the UASI cities and any other communities known or self-assessed to be at high risk for future terrorist attacks.

Further recognizing the difficulties encountered during previous smallpox vaccination efforts, we strongly recommend that a reasoned, rational, and realistic education program be developed reflective of the threat and relative risk of another bioterrorist attack using *B. anthracis*. That education program should include a careful delineation of the efficacy and safety of AVA, the FDA approved indications, and a discussion of the relative risks and benefits of voluntary immunization with AVA versus relying on a post-exposure strategy that depends on antibiotics.

*Background information regarding this issue may be found at <http://bioterrorism.slu.edu/anthraxprotection.html>.*

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