THE ASSISTANT SECRETARY OF DEFENSE



WASHINGTON, D. C. 20301-1200

JUL 13 2005

MEMORANDUM FOR SECRETARY OF THE ARMY SECRETARY OF THE NAVY SECRETARY OF THE AIR FORCE CHAIRMAN OF THE JOINT CHIEFS OF STAFF

SUBJECT: Policy for the Use of Prussian Blue for Protection of United States Personnel

United States (U.S.) military personnel, their families, U.S. Government civilian workers, and U.S. Government contractors may be at risk from terrorist use of radioactive cesium as a component of a Radiation Dispersal Device (RDD) or "dirty bomb." The pharmaceutical Prussian Blue (ferric hexacyanoferrate (II) or RadiogardaseTM) is approved by the Food and Drug Administration (FDA) for treatment of patients with known or suspected internal contamination with radioactive cesium and/or radioactive or non-radioactive thallium. Medical personnel will require availability of this drug in order to remove inhaled and ingested radioactive cesium following an RDD attack as a medical supplement to command-directed evacuation or in-place sheltering. Supervising health care providers are authorized to provide a blanket prescription for Prussian Blue for presumptive radioactive cesium exposure in person(s) involved in a release of radioactive cesium.

Prussian Blue is most effective when administered within 24 hours after the ingestion or inhalation of radioactive cesium, but therapy is still effective when begun days after exposure. This drug should only be provided to casualties who have a high likelihood of having inhaled or ingested a significant amount of radioactive cesium. This would primarily include victims in the immediate area of an attack and first responders who did not wear protective equipment. Persons who are more than a few hundred yards downwind from the incident are unlikely to require treatment due to rapid dilution of the radioactive material in the atmosphere. Presumptive radioactive cesium casualties should be initially provided with one or two thirty-capsule packages of Prussian Blue (500 mg per capsule) pending definitive diagnostic testing to determine their need for continuation of therapy. An Armed Forces Radiobiological Research Institute Prussian Blue Initial Contact Worksheet and Biodosimetry Worksheet will be completed to assist the health care provider in determining the duration of treatment. These worksheets and amplifying instructions for the use of RadiogardaseTM may be found at the Armed Forces Radiobiology Research Institute's web site (www.afrri.usuhs.mil). The use of Prussian Blue at military facilities should be consistent with its FDA-approved indications. Medical personnel should refer to the FDA labeling instructions for RadiogardaseTM, which is the only currently approved formulation (http://www.fda.gov/cder/foi/ label/2003/021626lbl.pdf).

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Prussian Blue will be stockpiled and centrally managed in unit of manufacture and dispensed (30 capsules) at four world-wide locations. These locations are U.S. Army Medical Materiel Center Europe, Tripler Army Medical Center, Walter Reed Army Medical Center, and Brooke Army Medical Center. This will accommodate delivery to the servicing medical treatment unit within 24 hours of confirmation of an attack with radioactive cesium. At fixed-base military facilities, distribution of Prussian Blue to casualties should be accomplished by medical facilities in response to a radioactive cesium attack and should be coordinated with any distribution from the Strategic National Stockpile (SNS) by the States or local planning authorities. Geographic Combatant Commanders should evaluate the threat of radioactive cesium release and develop plans to protect personnel and potentially receive and distribute Prussian Blue to appropriately selected casualties with the guidance of the Command Surgeon. The Combatant Commanders' implementation plans on the use of Prussian Blue should be consistent with the policy outlined above.

This policy is consistent with that of the SNS Distribution Program and provides significant protection for U.S. personnel against the use of radioactive cesium as a terrorist weapon.

William Winkenwerder, Jr., MD

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Assistant Secretary of the Army (M&RA)
Assistant Secretary of the Navy (M&RA)
Assistant Secretary of the Air Force (M&RA)
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Commandant of the U.S. Coast Guard
Assistant Secretary of Health and Human Services
(Public Health and Emergency Preparedness)

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