

PANIC IS THE ENEMY

Rx for bioterror: Facts, not drugs

By DR. MARC SIEGEL

Americans struggling with the looming threat of bioterrorism should be treated with facts, not unnecessary medications or vaccines.

Start with anthrax: Recent experience confirms that unlike smallpox, it is not contagious. In the event of another attack, crews would again decontaminate buildings, test people for exposure and administer antibiotics and the anthrax vaccine to anyone who was exposed. Both can cause side effects, though. They can make people ill and are not fully effective, so they are not worth taking when there is no exposure.

As far as smallpox is concerned, there are two known strains: one under heavy vaulted security in Washington, the other reportedly kept in a padlocked refrigerator in Russia. But clandestine supplies probably exist in several countries, including Iraq, according to published reports.

Smallpox is contagious — but only when a person is truly sick with a high fever and a pox-covered body. And it can spread only from person to person. Masses wouldn't be infected at once. The smallpox vaccine is effective and will be very useful if smallpox appears, but there are risks: It may cause encephalitis or severe skin problems and make immune-deficient people sick.

If a smallpox attack occurs, there should be plenty of time to vaccinate the entire population. Here again, premature immunizations driven by panic are difficult to justify, given the possible side effects.

There are large stores of smallpox vaccine available that can be diluted for mass vaccinations. But it is not known whether diluted vaccine will provide adequate protection, and there is no proof that the side effects will be less. Further, people born in the U.S. before 1960 were vaccinated against smallpox as infants, and a simple blood test can demonstrate residual immunity that may respond to a booster shot.

A person infected with smallpox can still be vaccinated during the course of the disease. The mortality rate in such cases would be reduced to less than 10%.

In the event of a biological weapons attack, the risks would be real — but small. We could manage these risks as we always have managed epidemics: with information, treatment and prevention.

Meanwhile, people shouldn't overreact to a perceived threat by prematurely vaccinating or medicating themselves with potent antibiotics.

We must rely on heightened public health measures to reassure us, inform us and protect us. Information and sober thinking can prevent the spread of hysteria, the most contagious pathogen known.

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