



ROYAL AIR FORCE HIGH WYCOMBE

Telephone: High Wycombe

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For 5/11/24 please refer to

Fax to

*5/80
2 2/16
Col Henry
file.*

*Response to Litcher
by Pearson Monday 11 Feb 81*

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Det. 230

|| FAX MESSAGE

PRIORITY (IMMEDIATE)

FROM: JOINT MED CELL

TO: CDE
PORTON

CONTACT No: 73 2062

FAX No: 0980 - 611

TEXT SPECIAL INSTRUCTIONS:

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MOO Form
Sno 102
Serial No.

URT 2 TRANSMISSION/RECEIPT - to be completed by Operators

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PWHQ Ext 2061

See Distribution

8 Feb 91

MEDICAL ADVICE - CBW DEFENCE

1. There are some areas where medical advice is necessary allow operational commanders to make the correct decision. This is particularly true in CBW defence where the commander's knowledge of the niceties of the subject is likely to be limited. He therefore turns for technical advice to his senior medical adviser, who in turn may not be fully au fait with the intricacies of CBW.

2. It is absolutely vital that such medical advice is accurate and supportable. The medical adviser should be able with confidence to brief his commander with as much fact as possible thus giving him the best data on which to base his operational decision.

3. Two areas which are worrying Commanders in the Gulf at present are:

a. Pyridostigmine Bromide. Doubts have been expressed as to the potential effects on the man of taking Pyridostigmine Bromide for periods over 30 days. If sufficient doubt exists, then pressure to stop taking NAPS may be brought to bear.

b. Operational Effectiveness and Vaccines. There are worries that the third Anthrax/Pertussis together with the second Plague vaccinations will have a more severe pattern of side-effects together with a larger number of side-effects.

4. Current advice from this HQ on these 2 topics has been:

a. NAPS. There are no known long term effects, protection against nerve agent poisoning is greatly enhanced by NAPS pre-treatment, and NAPS should continue to be taken.

b. Vaccines. The risk of vaccination side-effects must be balanced against the known threat from BW. The highest possible degree of protection is required in the face of a threat of super-clinical infection.

MINISTRY OF DEFENCE

- 7 MAR 2005

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5. Additional Information Required. CDE are asked to provide what information they can, as quickly as possible, on the following:

a. Is there any published data on long-term consistency of Pyridostigmine Bromide? 

b. What advice should Comd Med BFME be given on the taking of NAPS, if different from that in Paragraph 4 above?

~~c. What is the comparative assessment of the levels of protection afforded by the vaccine given to the troops in Gen Hosp? By how much is thought to be enhanced by giving the adjuvanted vaccine both with and without the adjuvant pertussis?~~

d. Does CDE agree with the advice given at Paragraph 4 above?




Col
for ACOS LL&P

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