

USACHPPM
HEALTH INFORMATION OPERATIONS (HIO)
WEEKLY UPDATE

13 February 2002

The HIO Weekly Update provides information regarding global medical and veterinary issues of interest to the United States (US) Army. The weekly update does not attempt to analyze the information regarding potential strategic or tactical impact to the US Army and as such, should not be regarded as a medical intelligence product. Medical intelligence products are available at <http://mic.afmic.detrick.army.mil/>. The information in the HIO Weekly Update should provide an increased awareness of current and emerging health-related issues.

| | |
|---|----|
| HOT ISSUES | 2 |
| Anthrax Trace Amounts - FCC | 2 |
| Atropine/Pralidoxime Autoinjector - FDA | 2 |
| Communicable Disease Surveillance Tool - England..... | 2 |
| Dengue Fever - WHO | 3 |
| General Recommendations on Immunization - CDC | 4 |
| Gulf War Syndrome - British Medical Journal (BMJ)..... | 4 |
| Influenza Composition 2002-03 - WHO..... | 4 |
| Influenza Virus New Subtype - WHO | 4 |
| Influenza Surveillance – DoD..... | 5 |
| Influenza Surveillance – US..... | 5 |
| USCENTCOM..... | 6 |
| Environmental Study - Afghanistan..... | 6 |
| Genetic Mutations Associated with Soviet Nuclear Tests - Kazakhstan | 6 |
| Rift Valley Fever - Yemen..... | 7 |
| USEUCOM..... | 7 |
| Ebola / Viral Hemorrhagic Fever - Gabon and Republic of the Congo..... | 7 |
| HIV / AIDS - Europe | 7 |
| Influenza Surveillance – Europe | 8 |
| Measles Outbreak - England | 8 |
| MRSA Rates - England..... | 9 |
| Probable vCJD - Italy..... | 9 |
| Toxic Algae Bloom - Kenya | 9 |
| Tularemia Outbreak - Kosovo..... | 9 |
| USJFCOM..... | 10 |
| Academic Centers for Public Health Preparedness - CDC | 10 |
| BSE Risk Assessment Net Conference - USDA..... | 10 |
| Bird Deterrents at World Trade Center - APHIS | 10 |
| Carbon Monoxide Fact Sheet - OSHA..... | 10 |
| Dioxin Focus - FDA..... | 10 |

| | |
|---|----|
| HIV from Blood Transfusion - US..... | 11 |
| Indoor Air Quality Sampling - New York City | 11 |
| Irradiated Mail - Health Concerns..... | 11 |
| Occupational Injury/Illness Summaries - OSHA..... | 12 |
| Tuberculosis Morbidity - US..... | 12 |
| USPACOM | 12 |
| Agent Orange Conference..... | 12 |
| Avian Influenza - Hong Kong..... | 13 |
| Vivax Malaria Conference - Thailand..... | 13 |
| ACRONYMNS | 14 |

HOT ISSUES

Anthrax Trace Amounts - [FCC](#)

In a revised statement dated 4 February, the FCC stated that confirmatory lab tests at the [CDC](#) verified that a residual trace of *Bacillus anthracis* was identified from an environmental sample taken on Tuesday, 29 January at the FCC off-site mail processing facility in Capitol Heights, Maryland. The CDC determined that a trace amount of anthrax was present due to the very slow platelet growth in lab samples. The [PHS](#) felt that the amount of contamination was too small to deliver an infectious dose and recommended that FCC employees not take antibiotics. However, the FCC did arrange for employees at the facility to receive preventive antibiotics. No employees have exhibited any signs of illness according to the report. Mail services at the facility have been halted until decontamination and retesting is performed. The trace amounts of anthrax are consistent with cross contamination of mail. Mail receipt, processing and screening had been moved out of FCC headquarters to the Capitol Heights facility after the first anthrax contamination incident on Capitol Hill last fall. The FCC fact sheet is at <http://www.fcc.gov/Bureaus/OMD/Factsheets/020402anthrax.html>.

Atropine/Pralidoxime Autoinjector - [FDA](#)

On 4 February, the FDA posted documents announcing the approval of atropine and pralidoxime in the antidote treatment - nerve agent, auto-injector (ATNAA) for the treatment of poisoning by susceptible organophosphorus nerve agents having anticholinesterase activity. The approval letter was dated 17 January. These documents along with the package insert and text of the patient instruction card are at http://www.fda.gov/cder/foi/nda/2002/21175_Atnaa.htm.

Communicable Disease Surveillance Tool - England

On 7 February, the [CDR](#) Weekly reported on a communicable disease surveillance tool being employed by the National Health Service (NHS) Direct in England. NHS Direct nurses respond to calls using the NHS Clinical Assessment System, which contains over 200 algorithms to assess symptoms. Since December 2001, ten algorithms have been monitored: cold/flu, cough, fever, breathing difficulty, vomiting, diarrhea, food

poisoning, rash, lumps, and double vision. Data is transferred daily for analysis, and a protocol for rapid investigation of statistically significant increases was established. Since mid-January a rise in the proportion of fever was noted without a concomitant rise in diarrhea, vomiting, cough, or cold/flu. The investigation protocol was employed and investigators determined 66% of the calls were in children under five years of age and the age distribution had not changed from mid-December to the end of January. This trend paralleled increased reports of influenza and influenza-like illness during the same period of time. The NHS Direct is a new system of surveillance to monitor the occurrence of community-level illnesses in a timely way. The report is at <http://www.phls.org.uk/publications/CDR%20Weekly/PDF%20files/2002/cdr0602.pdf>.

Dengue Fever - [WHO](#)

On 8 February, the WHO reported that dengue fever is the most common and widespread arthropod-borne viral infection in the world. The geographical spread, incidence and severity of both dengue fever and dengue hemorrhagic fever continue to increase in the Americas, the Eastern Mediterranean, Southeast Asia, and the Western Pacific. The resurgence of dengue fever and the emergence of dengue hemorrhagic fever are believed to be due to population growth especially in tropical and subtropical developing countries, rural-to-urban migration, the inadequacy of basic urban infrastructure, and the huge increase in volume of solid waste resulting from consumer habits, i.e., plastics and tires. Four priorities were identified to facilitate the global strategy for prevention and control of dengue fever: (1) strengthening epidemiological surveillance to include the introduction of DengueNet, a global surveillance system; (2) improving emergency preparedness and response; (3) promoting behavioral change; and (4) accelerating the research program. A 2001 global map of reported dengue was included in the report, which is at <http://www.who.int/wer/pdf/2002/wer7706.pdf>.



Picture courtesy of <http://www.who.int/wer/pdf/2002/wer7706.pdf>

General Recommendations on Immunization - [CDC](#)

On 8 February, the CDC released the *General Recommendations on Immunization* (includes 2.0 hours [CME](#) exam), which replaces the 1994 recommendations. The principal changes include expansion of the discussion on vaccination spacing and timing, recommendations regarding vaccinations administered by an incorrect route, information on needle-free injection technology, vaccination of children adopted from countries outside the US, timing of live-virus vaccination and [TB](#) screening, expansion of the discussion and table of contraindications and precautions regarding vaccinations, and addition of a directory of immunization resources. This reference should be used in conjunction with the [ACIP](#) recommendations for each specific vaccine, which can all be found at <http://www.cdc.gov/nip/home-hcp.htm>.

Gulf War Syndrome - British Medical Journal (BMJ)

On 9 February, the BMJ released an issue entitled *War 2002*. One of the studies in the issue reports that post-combat syndromes are not unique to the Gulf War. The study looked at British pension files dating back to 1872 and found three clusters of post-combat syndromes: debility, somatic, and neuropsychiatric. The study found that Gulf War veterans were present in all three groups, which the authors say indicates that not all service members in the same conflict should be categorized similarly. The edition is at <http://bmj.com/content/vol324/issue7333/twib.shtml#324/7333/0/c>.

Influenza Composition 2002-03 - [WHO](#)

On 6 February, the WHO announced the following viruses should be used for influenza vaccine production for the 2002-03 influenza season: (1) an A/New Caledonia/20/99(H1N1)-like virus; (2) an A/Moscow/10/99(H3N2)-like virus; and (3) a B/Hong Kong/330/2001-like virus. The vaccine strain most commonly used for (2) is the A/Panama/2007/99. The release is at <http://www.who.int/inf/en/pr-2002-08.html>.

Influenza Virus New Subtype - [WHO](#)

On 7 February, the [CDR](#) Weekly reported that the WHO had announced the isolation of a new influenza A subtype - influenza A (H1N2). The new subtype appears to be a reassortment of the hemagglutinin component from the H1N1 strain and the neuraminidase component from the H3N2 strain. During the past few weeks, the new subtype has been isolated from humans in England, Israel, and Egypt. Isolates previously presumed to be H1N1 were tested by the [PHLS](#) and found to be H1N2. Three outbreaks thus far in England have been due to the new strain. Although limited data is available, the clinical illness associated with the new strain appears to be similar to that seen with current H3N2 and H1N1 subtypes, with no unusual features and not especially severe. The WHO stated that the H1N1 and H3N2 components of the current vaccine should provide protection against the new influenza A (H1N2) subtype. People in the general population who have not been vaccinated should also have some immunity against the new strain due to two decades of circulation of the H1N1 and

H3N2 subtypes. The H1N2 strain was first identified during the 1988/89-influenza season in China with no further known spread of the virus. The report is at <http://www.phls.org.uk/publications/CDR%20Weekly/PDF%20files/2002/cdr0602.pdf>.

Influenza Surveillance – [DoD](#)

The [DoD](#) Worldwide Influenza Surveillance Program is a laboratory-based influenza surveillance program managed by the Air Force. As of 7 February, 225 (15%) of 1,522 submitted specimens have been identified as positive for influenza since the start of the influenza season (29 September). Of the isolates, 49 (22%) have been subtyped, and all were influenza A (H3N2), with the exception of one influenza A (H1N1) from Osan Air Base, Korea. During the past week, 16 (33%) of the 48 isolates identified were from US Air Force bases in Texas, which supports the [CDC's](#) report of widespread influenza activity in Texas. The [DoD](#) Surveillance data was presented last week at [FDA's](#) Vaccine and Related Biological Products Advisory Committee where recommendations were made for influenza vaccine composition. Further info, including data from the CDC and international sites, are available at: <https://pestilence.brooks.af.mil/Influenza/>

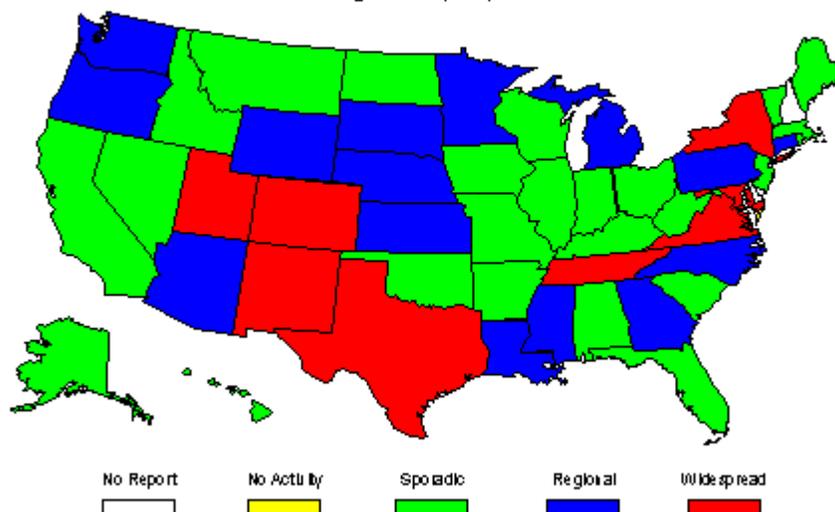
Note: Some users may experience difficulty accessing this link directly from this document; if this occurs, copy and paste the hyperlink in your browser address bar.

Influenza Surveillance – US

The report for the week ending 26 January (week 4) indicated that during this week overall national visits to physicians for influenza-like illness were 3.2%, which is above the national baseline of 1.9%. Deaths attributed to pneumonia and influenza were 7.8%, which is below the epidemic threshold of 8.2% for this week. For week two, laboratory reports indicated 392 (17.6%) of 2,224 respiratory specimens were positive for influenza: 91 influenza A (H3N2), four influenza B, and 297 influenza A viruses with unspecified subtype. Since 30 September, 2,180 (6.8%) of 32,266 submitted specimens were positive for influenza: 2,148 (99%) were influenza A and 32 (1%) were influenza B. Of the 2,148 influenza A viruses, 693 (32%) were subtyped with the following results: 684 (99%) were influenza A (H3N2) and nine (1%) were influenza A (H1N1) viruses. All viruses that have been antigenically characterized (94) were similar to the vaccine strains A/Panama/2007/99 (H3N2), A/New Caledonia/20/99 (H1N1), and B/Sichuan/379/99 (H3N2). The [CDC](#) classified influenza during the third week of the 2002 influenza season as in the map below. The report is at <http://www.cdc.gov/ncidod/diseases/flu/weekly.htm>.

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists

Week ending January 26, 2002 - Week 4



Picture courtesy of the CDC at <http://www.cdc.gov/ncidod/diseases/flu/weekly.htm>.

USCENTCOM

Environmental Study - Afghanistan

On 6 February, the VOA announced that the UN would perform the first environmental assessment of Afghanistan in 25 years. The UN team leader for the assessment conducted a similar war-related impact in the Balkans. The UN team has a budget of only \$1 million thus far and is now attempting to recruit Afghan researchers. No date for commencement was reported.

Genetic Mutations Associated with Soviet Nuclear Tests - Kazakhstan

On 11 February, the [VOA](#) reported that an international team of scientists had described an association between Soviet atmospheric nuclear tests in Kazakhstan during the 1940's and 1950's to elevated mutation rates in people living downwind of the Semipalatinsk nuclear facility at the time. The control group was Kazakh families who lived in an uncontaminated region further away at the same time. The first generation in the contaminated area had nearly twice the rate of genetic mutations as the control group. However, there is no evidence that the radiation from the explosions actually caused the damage. The study is Dubrova, YE, et. al. Nuclear weapons tests and human germline mutation rate. Science 2002 295: 1037. The VOA report is at <http://www.voanews.com/article.cfm?objectID=6B65D78E-9743-4C60-9EEFA26DAB35B10C&Title=Soviet%20Nuclear%20Tests%20Linked%20to%20Mutations>.

Rift Valley Fever - Yemen

On 16 January, the [UN](#) announced that the Republic of Yemen had lifted a livestock ban on imports from the Horn of Africa, which had been in place since September/October 2000. The ban was imposed following a Rift Valley Fever outbreak with related deaths in Yemen and Saudi Arabia, which was associated with imported livestock from this region. This action would indicate that the outbreak is now deemed under control in this region. The report is at <http://www.who.int/disasters/repo/7535.doc>.

USEUCOM

Ebola / Viral Hemorrhagic Fever - Gabon and Republic of the Congo

On 7 February, the WHO reported an increase in the number of cases and deaths in the Ebola outbreak in both Gabon and the Republic of the Congo. The increase in confirmed cases in Gabon is largely a result of reclassification of suspect cases following laboratory results.

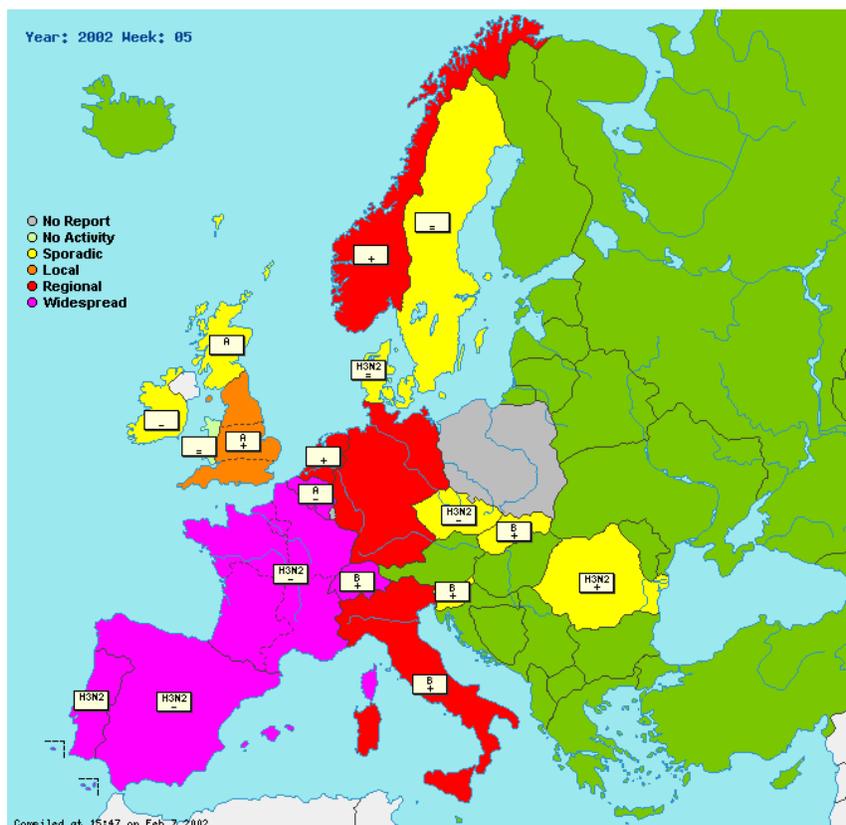
| Country | This report [22 January Thru 5 (Gabon) or 1 (Republic of the Congo) February] | | Totals [11 December Thru 5 (Gabon) or 1 (Republic of the Congo) February] | | |
|-----------------------|---|---------------------------|---|--------|--------------------|
| | New Confirmed Cases This Report Period | Deaths This Report Period | Confirmed Cases | Deaths | Case Fatality Rate |
| Gabon | 23 | 19 | 49 | 42 | 86% |
| Republic of the Congo | 4 | 1 | 20 | 12 | 60% |
| Totals | 27 | 20 | 69 | 54 | 78% |

[HIV / AIDS](#) - Europe

On 7 February, the Eurosurveillance Weekly reported on HIV/AIDS surveillance in Europe for 1 January - 30 June 2001 for 51 countries of the [WHO](#)'s European Region. The countries were divided into western, central, and eastern regions. In the western region, HIV/AIDS is endemic with heterosexual transmission accounting for an increasing proportion of HIV infections. The populations at highest risk however remain intravenous drug users (IDUs) and homo- and bi-sexual men. In the central region, the incidence of AIDS is below six cases per million population, and newly diagnosed HIV infections are also low at 7-10 per million. In the eastern region, the epidemic is continuing to spread to an increasing number of countries. Newly diagnosed HIV infections were reported at 242 per million population with over 60 percent of cases in IDUs. Azerbaijan, Kazakhstan, and Kyrgyzstan reported more cases during the first six months of 2001 than for the whole of 2000. The report is at http://www.eurosurv.org/2002/pfp/020207_pfp.htm.

Influenza Surveillance – Europe

For week five, 27 January - 3 February, the [EISS](http://www.eiss.org) reported widespread influenza activity at a medium intensity in Belgium, France, Portugal, Spain, and Switzerland. Influenza activity was regional in four countries: Germany, Italy, the Netherlands, and Norway. Other central and northern European countries remained at low levels of activity or with a local geographical spread. Influenza A (H3N2) remains the dominant virus in Europe. In England and Scotland, influenza A (H1N2) was isolated for the first time in Europe. Sources in England included hospitals and the community to include three school outbreaks. Most of the cases thus far are in 5-14 year age range. The report is at http://www.eiss.org/cgi-files/bulletin_v2.cgi?display=1&code=52&bulletin=52.



Picture Courtesy of EISS at http://www.eiss.org/cgi-files/bulletin_v2.cgi?display=1&code=52&bulletin=52.

Measles Outbreak - England

On 8 February the VOA reported that an outbreak of measles had occurred in at least 36 unimmunized children in Britain. Some parents in England have refused to allow vaccination of their children since the 1998 *Lancet* report that claimed the combined vaccine for measles, mumps, and rubella could cause autism or bowel disorders. Subsequent reports including a 14-year prospective study did not show evidence of these associations. The [WHO](http://www.who.int) reiterated in a media announcement that the initial report

was without scientific merit. According to the WHO, measles causes about 800,000 deaths per year.

MRSA Rates - England

On 7 February, the [CDR](#) Weekly reported baseline MRSA bacteremia rates for every acute National Health Service trust (NHS) in England. Since April 2001, all acute NHS trusts have been required to report cases of MRSA bacteremia, and the rates are from the first six months. The long-term goal is to obtain national data on MRSA bacteremias that will help identify strategies to successfully manage these infections. The report is at <http://www.phls.org.uk/publications/CDR%20Weekly/PDF%20files/2002/cdr0602.pdf>.

Probable vCJD - Italy

On 7 February, the Eurosurveillance Weekly reported the first probable case of vCJD in Italy. The man remained alive as of the report date, and the diagnosis was made by clinical and instrumental tests and tonsillar biopsy. No further information has been released. Italy began mandatory surveillance and reporting of vCJD on 1 January 2002. The prevalence of indigenous cases of [BSE](#) was 1.03 per 10,000 tests for the year 2001. Italy banned the feeding of mammalian protein to ruminants in 1984. The report is at http://www.eurosurv.org/2002/pfp/020207_pfp.htm

Toxic Algae Bloom - Kenya

On 31 January, the National Office for Marine Biotoxins and Harmful Algal Blooms reported thousands of dead marine wildlife washed up along a 55-mile stretch of the Kenyan coastline and parts of a 1,370-mile Somali coastline. The deaths occurred over the course of a week and are believed to be due to an off-season toxic algae bloom (red tide). Toxic algae blooms have been reportedly used to mask illegal dumping of toxic waste off the Somali coast. The Kenyan Fisheries Office is investigating. The report is at <http://www.redtide.who.edu/hab/notedevents/notedevents.html>.

Tularemia Outbreak - Kosovo

On 6 February, the WHO reported that 715 cases of tularemia have been reported since the outbreak began on 1 November 2001. There have been no deaths to date, and case management, environmental controls, and health education are continuing. The status of the 715 cases is listed in the table below. Tularemia is a bacterial disease with symptoms that typically include high fever, body aches, swollen lymph nodes, and difficulty swallowing that last over two or more weeks. The report is at <http://www.who.int/disease-outbreak-news/n2002/february/6february2002.html>.

| Status | Positive cases | Negative cases | Total |
|---------------------|----------------|----------------|-------|
| Confirmed | 170 | 404 | 574 |
| Under Investigation | 141 | N/A | 141 |
| Total | 311 | 404 | 715 |

USJFCOM

Academic Centers for Public Health Preparedness - [CDC](#)

On 5 February, the [DHHS](#) announced \$20 million in fiscal year 2002 funding for a nationwide network of Centers for Public Health Preparedness, which will be administered by the CDC. This network will link Schools of Public Health, state and local health agencies, and other academic and community health partners whose mission will be to prepare the nation's public health and healthcare workforce to respond to terrorist incidents and other emerging health threats. The list of 15 centers is available at <http://www.hhs.gov/news/press/2002pres/20020205c.html>.

BSE Risk Assessment Net Conference - [USDA](#)

An Internet replay of the BSE Risk Assessment Report and Response Net Conference hosted by the USDA on 24 January is available through 24 February. Instructions on accessing the conference are at <http://www.aphis.usda.gov/vs/training/bse-risk.html>.

Bird Deterrents at World Trade Center - [APHIS](#)

An estimated 1.25 million tons, or 15 to 20 percent, of the World Trade Center wreckage is being taken on a daily basis to the Staten Island landfill where investigators sift through the debris in Tyvek suits and respirators; operations are expected to continue through spring. APHIS' Wildlife Services were called in to control over 2,600 gulls that were landing on the site. APHIS is using a combination of avian dispersal tools: harmless pyrotechnic noisemakers that explode in the air like fireworks, Mylar tape that flashes in the sunlight and vibrates in the breeze, and lasers during low-light conditions. Rodent populations are also being monitored. Information on the use of lasers in avian dispersal is at <http://www.aphis.usda.gov/oa/pubs/tnlasers.html>.

Carbon Monoxide Fact Sheet - [OSHA](#)

On 8 February, OSHA released a new Carbon Monoxide Fact Sheet, which is available at http://www.osha.gov/OshDoc/data_General_Facts/carbonmonoxide-factsheet.pdf.

Dioxin Focus - [FDA](#)

On 7 February, the FDA announced that it would expand the monitoring program for dioxin in US food and animal feed supply. The specific expansions include: (1) increasing sampling and analysis of human foods and animal feeds that contribute most significantly to human dietary exposure to dioxins; (2) expanding the capability of the FDA field staff to collect and analyze increased numbers of food and feed samples for dioxins; (3) performing trace-back investigations of unusually high levels in food and feeds to determine if the source of contamination can be reduced or eliminated; and (4) enhancing research into new or modified methods for dioxin analysis that are time-

efficient and less expensive. Dioxins are present in most food animals with the primary route of exposure suspected to be through contaminated animal feedstuff. Dioxins tend to accumulate in the fat of food animals and consumption of animal-derived foods (meat, eggs, fish, and dairy products) is considered to be the major route of human exposure. The report is at <http://www.cfsan.fda.gov/~lrd/dioxstra.html>.

HIV from Blood Transfusion - US

On 9 February, CNN.com reported that a 51-year-old man from Chilton, Texas was the first American to become infected with HIV from donated blood since rigorous new screening technology was implemented three years ago. The screening tests did not pick up the positive HIV test because the donor had been recently infected. The donor was a Texas man who was a regular donor and had donated four times in 2000. When the man donated blood in December 2000, his blood tested positive and a traceback of previous blood revealed the exposure. The South Texas Blood and Tissue Center in San Antonio stated that this was the only person to receive infected blood. The report is at <http://www.cnn.com/2002/US/02/09/donatedblood.hiv.ap/>.

Indoor Air Quality Sampling - New York City

On 8 February, the New York City Department of Health reported the results of indoor and outdoor testing of 30 residential buildings in lower Manhattan, which were conducted in cooperation with the Agency for Toxic Substances and Disease Registry (ATSDR). A total of 117 samples were taken in lower Manhattan during November and December 2001. Background levels were represented by tests conducted in four buildings above 59th Street. Air and dust samples were examined for fiber-like materials - asbestos, fibrous glass - and for other particles including silica, gypsum, mica, and calcite. Indoor air sampling revealed no elevated levels of asbestos. The air sampling for fibrous glass is not yet available. The analysis of 98 indoor and outdoor dust samples revealed that 20% were above background levels. Only two outdoor test results required abatement work, which was completed. Fibrous glass was detected in 43 out of 98 indoor and outdoor dust samples. Residents are being advised by letters and flyers to use a wet mop, damp cloth, or a HEPA vacuum to clean dust from hard surfaces and a HEPA vacuum to clean carpets, upholstery, and other items not able to be cleaned by wet wiping. Rubber gloves are recommended to prevent skin irritation due to fiberglass. Residents were advised to avoid carrying dust into their buildings from outdoors, e.g., removing shoes before entering. The risk of developing disease from asbestos and fiberglass depends on the level and duration of exposure. A comprehensive report on indoor testing is expected this spring. The press release is at <http://www.nyc.gov/html/doh/html/public/press02/pr08-208.html>.

Irradiated Mail - Health Concerns

On 9 and 7 February, the *Washington Post* reported that 87 postal workers handling irradiated government mail in Gaithersburg and 73 employees of US Senate have reported health problems, which include headaches, eye irritation, and skin rash after

handling mail. According to the report, the US Postal Service coordinated reduction of radiation levels by 40 percent after it determined that unhealthy levels of carbon monoxide, which is produced when plastic is exposed to radiation, were being released from materials in the mail. Several federal agencies are coordinating an investigation. The reports are at <http://www.washingtonpost.com/wp-dyn/articles/A48595-2002Feb8.html> and <http://www.washingtonpost.com/wp-dyn/articles/A35751-2002Feb6.html>.

Occupational Injury/Illness Summaries - [OSHA](#)

On 5 February, OSHA released a reminder that employers with 11 or more employees must post a summary of the total number of job-related injuries and illnesses, which occurred in 2001. The posted information must include data on the type, extent, and outcome of occupational injuries and illnesses. If no injuries or illnesses occurred, then the form must be posted with zeros on the total line. The summary must remain posted from 1 February to 1 March and is displayed wherever notices to employees are usually posted. <http://www.osha.gov/media/oshnews/feb02/reg10-20020205.html>

Tuberculosis Morbidity - US

On 8 February, the [CDC](#) reported a seven percent decrease in the overall incidence of [TB](#) cases reported from 1999 to 2000. However, while the number of TB cases in US-born persons decreased substantially from 19,225 in 1992 to 8,714 in 2000, the number of cases in foreign-born persons increased from 7,270 in 1992 to 7,554 in 2000. The TB case rate was seven times greater in the foreign-born compared with the US-born population. The number of states with at least 50 percent of annual cases among foreign-born persons rose from four in 1992 to 21 in 2000. The data also indicated that while the number of cases of multi-drug resistant TB was significantly reduced, the remaining cases are increasingly concentrated among the foreign-born population. The report is at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5105a3.htm> and the webcast is available at <http://www.videonewswire.com/cdc/020702/reg.html>.

USPACOM

Agent Orange Conference

On 6 February, the [NIH](#) announced that an initial effort at scientific cooperation on studies of the use of chemical defoliants during the Vietnam War would take place at a US-Vietnam Scientific Conference on 3-6 March in Hanoi. The meeting will host experts from around the world to discuss what is known about Agent Orange and its major contaminants - the dioxins - how to reduce exposure, and further research that is needed. The press release is at <http://www.nih.gov/news/pr/feb2002/niehs-06.htm>.

Avian Influenza - Hong Kong

On 8 February, the [WHO](#) reported preliminary tests were positive for influenza A (H5) virus on samples taken from chickens in the Hong Kong Special Administrative Region of China (SAR). The report further stated that there has been an increase in the number of poultry deaths in a retail poultry market, in one consignment of a wholesale chicken market, and in two local chicken farms resulting in the slaughter of all chickens in these locations and quarantine of an additional 23 farms. In order to restore public confidence in eating chickens, the Food and Environmental Hygiene Department (FEHD) declared 8 February a Special Rest Day to clean and disinfect all 850 market poultry stalls and fresh provision shops selling live poultry in the Hong Kong SAR. No human cases of influenza-like illness related to this outbreak have been detected. The FEHD report is at <http://www.info.gov.hk/gia/general/200202/08/0208285.htm> and the WHO report is at <http://www.who.int/disease-outbreak-news/n2002/february/8february2002.html>.

Vivax Malaria Conference - Thailand

On 8 February, the [NIH](#) reported that the first-ever international conference focused on *Plasmodium vivax* malaria research was held last week in Bangkok. The Multilateral Initiative on Malaria expects that the conference will result in recommendations on critical areas for *P. vivax* malaria research and training. Specific issues that were discussed included methodologies to more accurately assess the global disease burden due to *P. vivax* malaria; how to better study the pathogenesis of *P. vivax* malaria, which can produce acute symptoms, anemia, and adverse pregnancy outcomes; antimalarial drug resistance; and expected future trends in *P. vivax* malaria transmission. Abstracts and presentations will be available on the MIM website in March at <http://mim.nih.gov>. The news release is at <http://www.nih.gov/news/pr/feb2002/fic-08.htm>.

Please contact the below-listed POC for suggested improvements and/or comments regarding this report. This report is also available on the USACHPPM website at <http://chppm-www.apgea.army.mil/Hiupdate/>.

POC: Barbara E. Davis, DVM, MPH/MCHB-CS-OHD/584-7663
<mailto:Barbara.Davis1@APG.amedd.army.mil>

ACRONYMNS

ACIP - Advisory Committee on Immunization Practices
AFPS – American Forces Press Service
AIDS – Acquired Immunodeficiency Syndrome
APHIS – Animal and Plant Health Inspection Service
BSE – Bovine Spongiform Encephalopathy
CBRN – Chemical, Biological, Radiological, and Nuclear
CDC – Centers for Disease Control and Prevention
CDR – Communicable Disease Report (England)
CIA – Central Intelligence Agency
CME - Continuing Medical Education
CONUS – Continental United States
DARPA – Defense Advanced Research Projects Agency, the central research and development organization for the Department of Defense
DHHS – Department of Health and Human Services
DOE – Department of Energy
DOS – Department of State
DOT – Department of Transportation
ECG - Electrocardiogram
EISS – European Influenza Surveillance Scheme
EPA – Environmental Protection Agency
ESSENCE – Electronic Surveillance System for the Early Notification of Community-Based Epidemics
FBI – Federal Bureau of Investigation
FCC - Federal Communications Commission
FDA – Food and Drug Administration
FEMA – Federal Emergency Management Agency
FMD – Foot and Mouth Disease
FSIS – Food Safety Inspection Service
GAO – US General Accounting Office
GEIS – Global Emerging Infections System
HACCP – Hazard Analysis Critical Control Points
HIV – Human Immunodeficiency Virus
IAEA – International Atomic Energy Agency
ICBM – Intercontinental Ballistic Missile
IDP – Internally Displaced Persons
ILI – Influenza-Like Illness
ICRC – International Committee of the Red Cross
IRCS – International Red Cross Society
JTF-CS – Joint Task Force – Civil Support http://www.jfcom.mil/About/com_jtfcs.htm
K-FOR – Kosovo Forces, a [NATO](#)-led international peace enforcement force that entered Kosovo on 12 June 99 under a [UN](#) mandate. <http://www.kforonline.com/>
MRSA - Methicillin Resistance *Staphylococcus aureus*
NAS – National Academy of Sciences
NATO – North Atlantic Treaty Organization

NCI – National Cancer Institute
NEJM – New England Journal of Medicine
NICHD – National Institute of Child Health and Human Development
NIH – National Institutes of Health
NIOSH – National Institute for Occupational Safety and Health
NPIC – National Pesticide Information Center
NRC – Nuclear Regulatory Commission
OIE – World Organisation [sic] for Animal Health
OSHA - Occupational Safety and Health Administration
PA – Protective Antigen
PCR – Polymerase Chain Reaction
PHLS – Public Health Laboratory Service
PHS – Public Health Service
PPE – Personal Protective Equipment
RSV – Respiratory Syncytial Virus
TB – Tuberculosis
UK – United Kingdom – England, Northern Ireland, Scotland, and Wales
UN – United Nations
UNHCR – United Nations High Commissioner for Refugees
USAMRIID – United States Army Medical Research Institute for Infectious Diseases
USDA – United States Department of Agriculture
USPSTF – United States Preventive Services Task Force
vCJD - variant Creutzfeldt-Jakob Disease
VOA – Voice of America, an international multimedia broadcasting service funded by the US Government
WHO – World Health Organization
WMD – Weapons of Mass Destruction