

USACHPPM
HEALTH INFORMATION OPERATIONS (HIO)
WEEKLY UPDATE

15 March 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.

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HOT ISSUES

Agent Orange - [IOM](#) Study

On 27 February, the IOM released a report, "Veterans and Agent Orange: Herbicide/Dioxin Exposure and Acute Myelogenous Leukemia (AML) in the Children of Vietnam Veterans." The report found inadequate or insufficient evidence that an association exists between exposure to herbicides used in Vietnam or their contaminants and AML in the children of Vietnam veterans. This finding updates an earlier report released on 19 April that found limited or suggestive evidence of an association. The new report is based on a corrected study and other newly reviewed research results. The report is at <http://www.nap.edu/catalog/10309.html>.

Anthrax Vaccine Adsorbed (AVA) - [IOM](#) Study

On 6 March, the IOM released a report, "The Anthrax Vaccine: Is it Safe? Does it Work?" The report concluded that the AVA, as licensed, is an effective vaccine and acceptably safe to protect against anthrax, including inhalational anthrax. The IOM also recommended: (1) studies to determine a quantitative correlation between antibody levels in vaccinated test animals that protect them from bacterial challenge and antibody levels in fully-vaccinated humans so that these correlates can be used to test the efficacy of AVA, (2) [DoD](#) support additional studies to determine how long after exposure antibiotics should be given to vaccinated individuals to provide protection, (3) DoD continue support of a [CDC](#) study to assess a reduced-dose vaccination schedule with intramuscular administration, (4) future studies continue to include separate analyses for women and men in monitoring and studying health events following vaccination, (5) DoD develop systems to enhance monitoring of later-onset health conditions that might be associated with vaccination, (6) monitoring of AVA be continued in the renovated production facility to assess immunogenicity, stability, and possible adverse events, (7) DoD develop the Defense Medical Surveillance System to regularly test hypotheses that emerge from the Vaccine Adverse Event Reporting System and other sources, (8) DoD evaluate options for longer-term follow-up of possible health effects of AVA and other service-related exposures, (9) DoD expedite research efforts on anthrax disease, the organism, and the vaccine. The report mentioned that DoD should encourage participation in the Millennium Cohort Study, which will follow 140,000 military personnel during and for up to 21 years after their active service to evaluate the health risks of military deployment. The report is at http://www.nap.edu/catalog/10310.html?se_side.

Immunization Safety Review - [IOM](#)

On 20 February, the IOM released the report, "Immunization Safety Review: Multiple Immunizations and Immune Dysfunction." The report found that epidemiological evidence did not support a causal relationship between multiple immunizations and an increased risk for infections and for type 1 diabetes. The report also concluded that epidemiological evidence was inadequate to accept or reject a causal relationship between multiple immunizations and risk for allergic disease, particularly asthma. The Committee recommended a continued focus on policy analysis, research, and communication strategy development. The Committee did not recommend a review of the vaccine licensure or immunization schedule for infants based on concerns about immune dysfunction. The report is at <http://www.nap.edu/catalog/10306.html>.

Influenza A (H1N2) Surveillance - [WHO](#)

On 8 March, the WHO reported that between September 2001 and February 2002, influenza A (H1N2) viruses have now been isolated from cases in Canada, Egypt, France, India, Israel, Latvia, Malaysia, Oman, Singapore, the [UK](#), and the US. The 2001-02 influenza vaccine is expected to provide good protection against this virus, as it is a reassortment of the influenza A (H1N1) and (H3N2) strains that are represented in the vaccine. The WHO also reported that existing serological and molecular reagents could be used for identification and characterization of the influenza A (H1N2) viruses. The report is at <http://www.who.int/wer/pdf/2002/wer7710.pdf>.

Influenza Surveillance – [DoD](#)

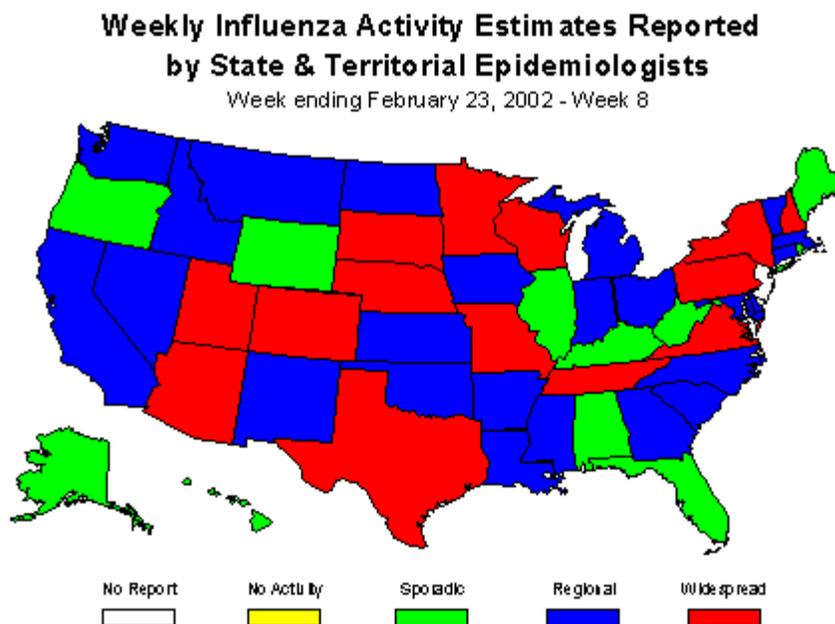
The DoD Worldwide Influenza Surveillance Program is a laboratory-based influenza surveillance program managed by the Air Force. As of 7 March, 420 (19%) of 2,247 submitted specimens have been identified as positive for influenza since the start of the influenza season (29 September): 415 (99%) were influenza A and 5 (1%) were influenza B. One influenza B virus identified during the past week was of the B/Victoria lineage (NAB Little Creek, VA). The [CDC](#) reported last week that the B component of the influenza vaccine for 2001-02 is expected to provide lower levels of protection against viruses of the B/Victoria lineage. Natural immunity to B/Victoria is also expected to be low since this substrain has not circulated for over a decade. The influenza vaccine for 2002-03 will provide protection against the B/Victoria lineage. Of the influenza A isolates, 77 (18%) have been subtyped, and 72 (94%) were influenza A (H3N2) and 5 (6%) were influenza A (H1N1). The first influenza A (H1N2) reassortment strain was identified in a sample from Kunsan, South Korea. Further info, including data from the CDC and international sites, is 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 23 February (week 8) indicated that during this week overall national visits to physicians for influenza-like illness were 3.5%, which is above the national baseline of 1.9%. Deaths attributed to pneumonia and influenza were 8.1%, which is below the epidemic threshold of 8.3% for this week. For week eight, laboratory reports indicated 752 (25.9%) of 2,902 respiratory specimens were positive for influenza: 164 influenza A (H3N2), 13 influenza B, and 575 influenza A viruses with unspecified subtype. Since 30 September, 7,499 (13.4%) of 55,876 submitted specimens were positive for influenza: 7,402 (99%) were influenza A and 97 (1%) were influenza B. Of the 7,402 influenza A viruses, 2,188 (30%) were subtyped with the following results: 2,162 (99%) were influenza A (H3) and 26 (1%) were influenza A (H1) viruses. All viruses that have been antigenically characterized (258) 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](http://www.cdc.gov) classified influenza during the eighth week of the 2002 influenza season as in the map below. The report is at <http://www.cdc.gov/ncidod/diseases/flu/weekly.htm>.



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

Childhood Vaccine Shortages - [CDC](http://www.cdc.gov)

On 8 March, the CDC reported that *Varicella* vaccine shortages would not be resolved until possibly early summer 2002. The highest incidence of disease is among elementary school aged children. The [ACIP](http://www.cdc.gov) recommends all vaccine providers in the US delay administration of the routine childhood *Varicella* vaccine dose from age 12-18 months until age 18-24 months. If the shortage persists after delaying the 12-18 months dose and is of sufficient severity to require further prioritization, then ACIP

recommends the following prioritizations (from highest to lowest) for vaccination: (1) healthcare workers, family contacts of immunocompromised persons, adolescents 13 years of age and older, and adults and high risk children (children with HIV and children with asthma or eczema), (2) susceptible children age 5-12 years, particularly children entering school and adolescents aged 11-12 years, and (3) children 2-4 years of age. States may prioritize these categories further.

The measles, mumps and rubella (MMR) vaccine supply shortage is expected to last for 1-3 more months. Two doses of MMR separated by at least a month and administered on or after the first birthday, are recommended for persons who lack adequate documentation of vaccination or other acceptable evidence of immunity. The first dose is recommended at age 12-15 months and the second dose at age 4-6 years. If providers are unable to obtain sufficient MMR vaccine for these recommendations, then ACIP recommends the second dose be deferred. Due to the severity of measles in young children, providers should not delay administration of the first dose. The CDC recommends that records be maintained such that persons who experience a delay in vaccination can be recalled when vaccine becomes available. The report is at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5109a6.htm>.

USCENTCOM

Child Malnutrition - Gaza

On 7 March, the [UN](#) reported that cases of malnutrition among Palestinian children under five years of age had more than doubled in the past year, which was believed to be due to decreased delivery of relief supplies caused by the economic blockade of the Gaza Strip. According to the report, the World Bank issued a statement indicating that economic collapse remained a real prospect if confrontations in the region continue and that "serious health and environmental problems are emerging." The report is at <http://www.reliefweb.int/w/rwb.nsf/6686f45896f15dbc852567ae00530132/ed6c394bff3d1deca85256b75005b9c46?OpenDocument>.

Medical Staff Protection Appeals - [ICRC](#)

On 7 March, the ICRC issued an appeal to Israeli authorities to take immediate steps to protect medical personnel and conduct a full inquiry into the recent deaths of medical personnel. On 7 March in two separate incidents in Tulkarem, the Israel Defense Forces shot and killed an ambulance driver and a [UN](#) employee, who were attempting to aid wounded. A physician inside the Tulkarem ambulance station suffered a leg wound, and shrapnel critically wounded another paramedic as he was trying to evacuate casualties. These latest incidents follow the death on 4 March of the head of the emergency medical service in Jenin and the wounding of five medical staff when Israeli troops shot at their ambulances in the Jenin refugee camp. All ambulances were reportedly marked clearly with the Red Crescent emblem, and the ICRC had cleared their mission in Jenin and Tulkarem with the Israeli authorities. The report is at

<http://www.icrc.org/icrceng.nsf/8f7eed1263126d254125634d00375313/72f40615d42bd8e8c1256b7600567631?OpenDocument>.

Chromated Copper Arsenate (CCA) Spill - Djibouti

On 11 March, the [IRIN](#) reported that a four-member [UN](#) team and an ecotoxicologist from Switzerland are assessing a CCA spill that occurred in the port of Djibouti in January. The team has determined that five sites have been contaminated and a number of people are under treatment in local hospitals. Also, some domestic animals that entered the site have died. The Djibouti authorities state that they have completed the first phase clean up, which consisted of isolating the contaminated areas and equipment. The second phase may involve isolating the toxic material itself and treating the contaminated soil, which will likely require international assistance. The report is at http://www.irinnews.org/report.asp?ReportID=24452&SelectRegion=Horn_of_Africa&SelectCountry=DJIBOUTI.

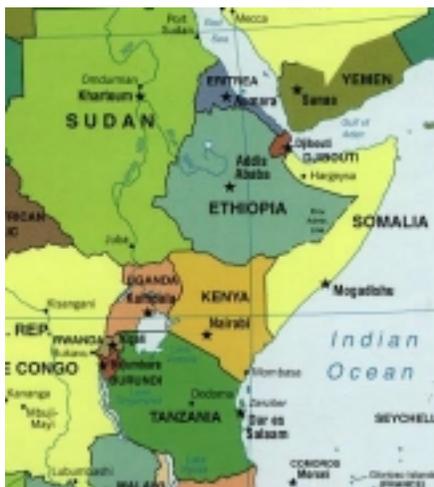
Unidentified Epidemic - Afghanistan

On 8 March, Reuters Health reported the [WHO](#) was attempting to evacuate two physicians and six aid workers as well as provide medication to villagers and collect blood samples from the isolated Taiwara village in the Ghor province of central Afghanistan, where 40 people had died of an "unidentified epidemic." The WHO had not been able to gain access to the mountainous location as of the report. The report is at <http://www.reutershealth.com/archive/2002/03/08/eline/links/20020308elin021.html>.

Weather Implications - Greater Horn of Africa

On 4 March, the [IRIN](#) reported on the forecasts developed by the ninth Climate Outlook Forum held in Kenya during mid-February. March to May is the important rainfall season over equatorial areas of the Greater Horn of Africa. The forum predicted normal- to above-normal rainfall during March-May in much of Kenya and Uganda, northern Tanzania, Rwanda, Burundi, southern and central Sudan, western Eritrea, Somalia, and eastern Ethiopia. The positive aspects include normal- to above-normal agricultural and livestock production, adequate water supply for domestic and industrial use, and stable hydroelectric power. The negative aspects include localized flooding, an increase in water-related diseases, especially malaria, soil erosion and landslides, and severe, potentially damaging storms. Potential for an El-Nino type weather system is possible, but modeling systems will be more accurate towards May. In 1997-98 El Nino caused considerable health and economic loss in the region. The forum also predicted below normal rainfall for northern coastal and northwest Kenya, southern Somalia, northeastern Uganda, southern Tanzania, and northern parts of southern Sudan. These regions can expect declining livestock numbers, poor health among pastoralists and their livestock, poor food security and high poverty with increased conflicts over limited water and pasture. Concerns are especially grave in northern Kenya and southern Somalia, where prolonged drought has already caused considerable hardships. The report is at

<http://www.reliefweb.int/w/rwb.nsf/6686f45896f15dbc852567ae00530132/83b08f0b3bb0d42649256b7300151575?OpenDocument>.



Map Courtesy of http://www.lib.utexas.edu/maps/africa/africa_pol01.jpg

Meningococcal Disease (MCD) - Ethiopia

On 8 March the [WHO](#) reported that as of 3 March, a total of 2,329 reported cases of MCD (118 deaths) had occurred in Ethiopia since the onset of the outbreak began in September 2001. This is an increase of 1,029 reported cases and 33 deaths since last month. The worst affected region is the Southern Nations, Nationalities and Peoples Region (SNNPR) with 2,022 cases and 89 deaths. Ethiopia issued an appeal for \$2.5 million to carry out a mass immunization campaign in five SNNPR priority zones. The report is at <http://www.who.int/disease-outbreak-news/2002/march/8amarch2002.htm>.

USEUCOM

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

On 6 March, the [WHO](#) reported that as of 4 March, the Gabon Ministry of Health had reported 60 confirmed Ebola cases and 49 deaths. This is an increase of 11 confirmed cases and 7 deaths since the last HIO report on 7 February. On 8 March, the [VOA News](#) reported that the international humanitarian group Doctors Without Borders is sending members to a northeastern area near the town of Mbomo in the Republic of the Congo, where cases have been discovered in recent days. The WHO report is at <http://www.who.int/disease-outbreak-news/n2002/march/6march2002.html>.

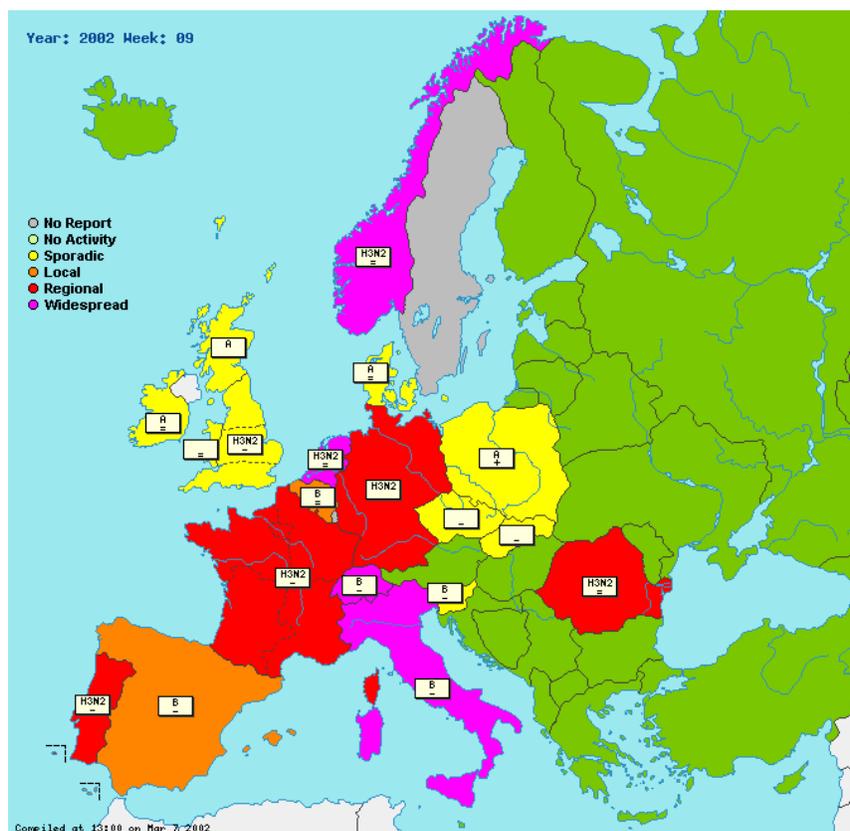
[HIV](#) Lookback Denied - England

On 9 March, the British Medical Journal reported that an appeal court ruling last week barred the media from identifying an English health authority that has not contacted former patients of an HIV positive dentist almost a year after learning of his HIV status. No decision has yet been reached on whether to contact dental patients of the dentist,

who has now developed [AIDS](#). New official guidelines are expected as early as mid-March regarding the contact and counsel of patients who had invasive procedures performed by HIV positive healthcare workers. Last November, ministers agreed in principle that contact of patients should not be automatic but should be considered on a case-by-case basis. The public interest in preserving the confidentiality of healthcare workers with AIDS is that it would encourage self-reporting of HIV positive status. The report is at <http://bmj.com/cgi/content/full/324/7337/564>.

Influenza Surveillance – Europe

For week nine, 25 February - 3 March, the [EISS](#) reported a decrease in influenza activity across the majority of the European countries. Widespread influenza activity was reported in four countries: Italy, the Netherlands, Norway, and Switzerland. Of these four countries, the weekly clinical morbidity rates were only increasing in the Netherlands. Three networks reported increasing influenza activity with a geographic spread described as sporadic (Poland) or regional (Germany and Romania). Influenza A was dominant in 11 networks of which seven reported the dominant subtype was H3N2; one network reported co-circulation of H1N1 and H3N2. Influenza B was dominant in Belgium, Italy, Slovenia, Spain, and Switzerland. No cases of influenza A (H1N2) or influenza B/Victoria/2/87-like viruses were reported during this week. The report is at http://www.eiss.org/cgi-files/bulletin_v2.cgi?display=1&code=58&bulletin=58



Picture Courtesy of EISS at http://www.eiss.org/cgi-files/bulletin_v2.cgi?display=1&code=55&bulletin=55.

Meningococcal Disease (MCD) - Burkina Faso

On 8 March, the [WHO](#) reported that as of 3 March, a total of 1,874 reported cases of MCD (329 deaths) had occurred in Burkina Faso since the outbreak began in December. The districts of Diebouyou, Pama, Pissy, and Yako have reached the epidemic threshold. A mass immunization campaign is underway in Diebouyou, Pissy, and Yako. The report is at <http://www.who.int/disease-outbreak-news/n2002/march/8march2002.html>.

Post-Traumatic Stress Disorder - [UK](#) Lawsuit

On 9 March, the British Medical Journal reported that nearly 2,000 veterans of combat in Northern Ireland, the Gulf War, the Falklands, and the Balkans, who have been diagnosed with post-traumatic stress disorder and other stress conditions are suing the UK's Ministry of Defense for negligence in failing to prepare them for the horrors of battle, screen out vulnerable individuals, debrief them properly, recognize and treat post-traumatic stress disorder, and help them cope with a return to civilian life. The high court trial is expected to last seven months and to hear evidence from the US, the UK, and Israel. The report is at <http://bmj.com/cgi/content/full/324/7337/563>.

Third Generation Contraceptive Pill - [UK](#) Lawsuit

On 9 March, the British Medical Journal reported that over 100 women and the families of seven dead women filed a compensation claim under the 1987 Consumer Protection Act in the High Court in London against Schering Healthcare (manufacturer of Femodene), Wyeth (Minulet and Tri-Minulet), and Organon Laboratories (Marvelon and Mercilon). The claim cites independent studies that reportedly show third generation contraceptive pills have more than twice the risk of venous thromboembolism as second-generation predecessors. Studies by the manufacturers show little or no increased risk of venous thromboembolism. The case is scheduled to last five months and will likely generate media interest. The report is at <http://bmj.com/cgi/content/full/324/7337/561>.

USJFCOM

Joint Task Force Surgeon's Seminar - USJFCOM

On 11-15 March, the eighth annual Joint Task Force (JTF) Surgeon's Seminar will be held for senior medical officers from across DoD. The topics that will be discussed include crisis action planning, force health protection, health service support for all branches of the armed forces, special operations, and for the first time, planning for a homeland security incident. The seminar is designed to better prepare senior medical officers for the role of the JTF surgeon in the joint operational environment. The report is at <http://www.jfcom.mil/NewsLink/StoryArchive/2002/pa022502.htm>.

Nitrofurans Ban - Food-Producing Animals

On 7 May 02, the extra-label, e.g., topical, use of nitrofurantoin drugs in food-producing animals will be prohibited because of a public health risk, unless the [FDA](#) modifies the rule or extends the comment period. The FDA decision is based on evidence that nitrofurantoin drugs may induce carcinogenic residues in animal tissues. Systemic use of nitrofurantoin in poultry and swine has been banned since 1991. A recent (1998) carbon-14 radiolabel residue depletion study by FDA demonstrated that cattle treated with an ophthalmic preparation had residues of the drug present in edible tissues (milk, meat, kidney, and liver). The report is at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002_register&docid=02-2751-filed.

Psychologists Prescription Authority - New Mexico

On 6 March, the American Psychological Association (APA) reported that New Mexico was the first state to institute a law allowing properly trained psychologists to prescribe psychotropic medications to patients. Psychologists will be given a prescription-training program, which is based on a model used by the DoD to train psychologists in the military to prescribe psychotropic medication for patients. Only a handful of US Army psychologists have completed the rigorous two-to-three year test program and are currently authorized to prescribe medication. The APA report cites that there are only 18 psychiatrists for 72% of the state's residents who live outside of Albuquerque and Santa Fe. The waiting time for a psychiatrist ranges from six weeks to five months in these areas, and 75% of those with mental health disorders are not receiving treatment. Suicide in New Mexico is 75% higher than the national average. The report is at http://www.apa.org/practice/nm_rxp.html.

Tularemia, 1990-2000 - US

On 8 March, the [CDC](#) released a report summarizing tularemia cases reported during 1990-2000, which indicated a low level of natural transmission. During this time, 1,368 cases were reported from 44 states, which averaged 124 cases per year. Four states accounted for 56% of all reported cases: Arkansas (315 cases, 23%), Missouri (265 cases, 19%), South Dakota (96 cases, 7%), and Oklahoma (90 cases, 7%). The age range with the highest incidence was in persons 5-9 years of age and persons over 75 years of age. Males had a higher incidence in all age categories. Of the 936 cases reported with date of onset, 654 cases (70%) reported onset during May-August, but cases were reported during all months of the year. Historically, most cases of tularemia during the summer were related to arthropod bites and during the winter were related to hunters coming into contact with infected rabbit carcasses. Outbreaks of tularemia in the US have been associated with muskrat handling, tick bites, deer fly bites, and lawn mowing or cutting brush. Outbreaks of pneumonic tularemia, particularly in low-incidence areas, should prompt consideration of bioterrorism. The report is at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5109a1.htm>.

USPACOM

Agent Orange Conference - Vietnam

On 6 March, the [VOA](#) News reported that US and Vietnamese scientists had concluded a joint conference in Hanoi and agreed on actions to deal with the effects of the toxic defoliant Agent Orange used by US forces in the Vietnam War. The EPA recently launched a pilot project to improve test methods for detecting Agent Orange and its main toxic ingredient, dioxin at a known Agent Orange hotspot near Danang. Vietnam estimates that nearly one million of its citizens have been affected by the "chemical warfare." The US says no scientific evidence exists to link dioxin to a variety of illnesses, such as birth defects, cancer, and nervous disorders. The US military sprayed nearly 11 million gallons of Agent Orange and other defoliants over Vietnam from 1962 until 1971, when their use was halted after their toxic nature became known. The report is at <http://www.voanews.com/article.cfm?objectID=4DC74A0D-3930-4015-89F8E2B68E8B53A2&Title=US%2C%20Vietnam%20End%20Conference%20on%20Agent%20Orange&CatOID=45C9C786-88AD-11D4-A57200A0CC5EE46C>.

Earthquake - Philippines

On 5 March, The National Earthquake Information Center reported an earthquake measuring 6.8-magnitude with an epicenter near Mindanao island in the southern Philippines. On 8 March, The Manila Times reported 15 deaths, which were primarily caused by falling debris but included four heart attacks at the height of the tremor. Over 27,000 people fled the coastal areas in fear of tsunamis or tidal waves or an eruption of Mount Parker volcano, neither of which occurred. The Manila Times report is at http://www.manilatimes.net/national/2002/mar/08/top_stories/20020308top7.html.

Leaded Gasoline - Asia

On 7 March, the [WHO](#) announced that more than 300 environmental and health experts, who met at the First International Conference on Environmental Risks to Children's Health in Thailand, had called for Asian governments to move quickly to remove lead from gasoline. The experts cited studies in Europe and the US that have shown removal of lead from gasoline had led to reduced levels of lead in children's blood by 90 percent, which in turn led to a 30-40 percent reduction in learning disabilities. The conference attendees also recommended governments should take measures to eliminate environmental tobacco smoke in public areas and encourage parents to stop tobacco smoking in homes which have children. The report is at <http://www.who.int/inf/en/pr-2002-15.html>.

USSOUTHCOM

Dengue Fever - Brazil

On 4 March, the [CDC](#) reported that 75,000 recent cases (25 deaths) of dengue fever, including about 35,000 (14 deaths) in Rio de Janeiro, have been reported in Brazil through February 2002. Dengue fever is common in Brazil, but these figures represent a significant increase when compared to recent years. Many other countries in South and Central America are also reporting increased dengue activity. The risk for contracting dengue fever is less in rural areas and at altitudes above 4,500 feet. The CDC advised that disease surveillance varies from country to country and that epidemics are not always reported in all countries. The report is at <http://www.cdc.gov/travel/other/dengue-brazil-mar2002.htm>.

River Blindness - *Onchocerca volvulus*?

On 8 March, *Science Magazine* reported that antibiotic treatment to clear *Wolbachia*, a ubiquitous bacterium that colonizes the nematode *O. volvulus* and thought to be at least partially responsible for river blindness or ocular onchocerciasis, might reduce and prevent the disease. Historically, the disease was thought to be caused by a severe inflammatory response caused by *O. volvulus* microfilaria, which migrated to the eye after transmission from female black fly bites. The disease occurs in Central and South America, Africa, and Yemen. The report is at v. Saint Andre, A, et al. The role of endosymbiotic *Wolbachia* bacteria in the pathogenesis of river blindness. *Science* 2002 295: 1892-95.

USACHPPM New Products

Irradiated Mail - Web Resource

The anthrax attacks of October 2001 targeted Federal offices and affected mail processed in the Brentwood Postal Facility in Washington, D.C. Other Federal agencies in the Washington area may become targets for this kind of attack, or they may receive mail affected by attacks on other agencies. This website provides a fact sheet and current information on irradiated mail as a countermeasure: <http://chppm-www.apgea.army.mil/IrradiatedMail/>.

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/Hioupdate/>.

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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)
DHHS – Department of Health and Human Services
DoD - Department of Defense
DOE – Department of Energy
DOS – Department of State
EISS – European Influenza Surveillance Scheme
EPA – Environmental Protection Agency
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
HIV – Human Immunodeficiency Virus
IAEA – International Atomic Energy Agency
ICBM – Intercontinental Ballistic Missile
ICRC – International Committee of the Red Cross
IDP – Internally Displaced Persons
ILI – Influenza-Like Illness
IOM - Institute of Medicine, part of the National Academy of Sciences
IRCS – International Red Cross Society
IRIN - Integrated Regional Information Networks, part of the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA), a UN humanitarian information unit that may not necessarily reflect the views of the UN or its agencies
NAS – National Academy of Sciences
NATO – North Atlantic Treaty Organization
NCI – National Cancer Institute
NIH – National Institutes of Health
NIOSH – National Institute for Occupational Safety and Health
NRC – Nuclear Regulatory Commission
OIE – World Organisation [sic] for Animal Health
OSHA - Occupational Safety and Health Administration
PCR – Polymerase Chain Reaction
PHLS – Public Health Laboratory Service
PHS – Public Health Service
PPE – Personal Protective Equipment
UK – United Kingdom – England, Northern Ireland, Scotland, and Wales
UN – United Nations
UNHCR – United Nations High Commissioner for Refugees
USDA – United States Department of Agriculture
USPSTF – United States Preventive Services Task Force
VOA – Voice of America, an international multimedia broadcasting service funded by the US Government
WHO – World Health Organization