

**USACHPPM
DEPUTY CHIEF OF STAFF FOR OPERATIONS
HEALTH INFORMATION OPERATIONS
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RECENT ISSUES

1. **INHALATIONAL ANTHRAX – USA.** The cumulative number of confirmed inhalational anthrax cases associated with bioterrorism is eleven, which has not changed from the last weekly update. On 7 December, the CDC released a report on the epidemiological investigation for the 94-year old Connecticut woman who died from inhalational anthrax. The report hypothesizes that exposure to this individual and the 61-year old female in New York City may have been from cross-contaminated mail associated with letters addressed to U.S. senators. The CDC further reports that if there is a risk associated with cross-contaminated mail, then it is very low based on the large population, the duration of active surveillance, and the absence of additional cases of inhalational anthrax. Despite this very low risk, the CDC offers the following guidance for persons who may remain concerned about their risk: (1) do not open suspicious mail; (2) keep mail away from your face when you open it and do not blow or sniff mail or mail contents; (3) wash your hands after you handle the mail; (4) avoid vigorous handling of the mail, such as tearing or shredding mail before disposal; and (5)

discard envelopes after opening mail. The full report is at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5048a1.htm>.

Location	CT	FL	NY	NJ	DC Metro area	Case Fatality Rate
No. Cases (deceased)	1 (1)	2 (1)	1 (1)	2	5 (2)	45%

2. **CUTANEOUS ANTHRAX – USA.** The cumulative number of confirmed cutaneous anthrax cases associated with bioterrorism is seven, which has not changed from the last weekly update. However, a suspect case of cutaneous anthrax in a New Jersey postal worker was eliminated due to lack of *Bacillus anthracis* on a biopsy specimen. The case was initially classified as a suspect case due to a cutaneous lesion on his left hand and elevated levels of IgG to the protective antigen component of anthrax toxin.

Location	Florida	New York	New Jersey	DC metro area
No. Confirmed Cases	0	4	3	0
No. Suspect Cases	0	3	1	0

3. **ANTHRAX EXPOSURES – CDC.** On 7 December, the CDC released guidelines for use of rapid assays in assessing environmental anthrax contamination. The CDC reports that the culture method is the diagnostic confirmatory test for assessing environmental risk of exposure. The *laboratory-based* polymerase chain reaction (PCR) methods are consistent with culture results but are not approved by the Food and Drug Administration (FDA); thus, results from these tests should not be the sole basis for clinical decisions. The CDC has not obtained validation data for on site rapid-assay devices that provide results within minutes for the detection of environmental contamination. The CDC did conduct an evaluation of an *onsite* PCR-based assay and found poor agreement with the culture method. This limited assessment was not a formal validation. The PCR- and immune-based onsite tests do not distinguish viable from nonviable spores and would not be useful for evaluating the success of disinfection techniques that do not remove non-viable spores. The CDC urged public health officials to understand the limitations of onsite, rapid assays for anthrax detection before using them for public health decision-making. The full report is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5048a5.htm>.

4. **ANTHRAX HOAXES – UNITED STATES POSTAL SERVICE (USPS).** As of 6 December, the USPS reported 15,313 hoaxes, threats, and suspicious mailing incidents that have resulted in a 540 postal facilities to be evacuated for varying amounts of time. Postal inspectors have arrested 51 individuals for anthrax-related hoaxes and threats.

5. **RISK COMMUNICATION GUIDELINES FOR BIOTERRORISM – CDC.** On 6 December, the CDC delivered a video broadcast on using risk communication tools in a communication plan during bioterrorism events. The Emergency Risk Communication Planning Checklists are available at <http://www.phppo.cdc.gov/phtn/1206checklist.pdf> and the broadcast can be viewed at <http://www.phppo.cdc.gov/phtn/default.asp>.

6. BIOTERRORISM RESEARCH INITIATIVES – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS).

On 6 December, the DHHS announced seven new initiatives to accelerate bioterrorism research. These initiatives include support for (1) development of new anthrax vaccines of which the most promising one is a recombinant protective antigen vaccine; (2) investigation of new prevention strategies for those at risk of exposure, faster and more accurate diagnostics, and new treatments for those infected; (3) funding to apply the latest genetic, imaging, and computer technology on infectious diseases, especially those caused by Category A agents of bioterrorism; and (4) establishment of multidisciplinary research units that will investigate viral and viral-like diseases. Prior and/or ongoing research projects include: (1) genomic sequencing of the anthrax bacterium; (2) studies published in the journal Nature of how the anthrax toxin destroys cells and a compound that may block one toxin; (3) studies on safely diluting the smallpox vaccine dose; and (4) application to the FDA on using the antiviral drug cidofovir as an emergency smallpox treatment. The National Institute of Allergy and Infectious and Diseases has established a website for bioterrorism related research funding opportunities which is available at <http://www.niaid.nih.gov/dmid/bioterrorism/>.

7. EPIDEMIOLOGICAL INFORMATION ON BIOTERRORISM – UCLA.

The UCLA School of Public Health has posted a new website on epidemiological information on bioterrorism which has compiled references and an excellent resource section on the recent attacks under “Anthrax” and then “Disease detectives.” The website is at <http://www.ph.ucla.edu/epi/bioter/bioterrorism.html>.

8. SMALLPOX TRAINING FOR HEALTH CARE PROVIDERS – CDC.

The CDC will deliver a video broadcast entitled “Smallpox: What Every Clinician Should Know” on 13 December. The training will be rebroadcast on 17 December. The intended audience is physicians, nurses, pharmacists, and other health care workers who may be involved in recognizing, diagnosing, and reporting cases of smallpox. More information is available at: <http://www.phppo.cdc.gov/phtn/default.asp>.

9. SMALLPOX VACCINE CONTRACT – CANADA.

On 1 December, Health Canada issued a request for information to approximately 300 Canadian and international pharmaceutical companies regarding possible manufacture of smallpox vaccine. The companies were requested to provide information by 7 January 2002. Health Canada will then assess the amount of vaccine that might be required for Canadian citizens in consultation with the National Advisory Committee on Chemical, Biological, Radio-Nuclear Safety, Security and Research. Other countries are also researching options.

10. HOMELAND SECURITY – UPDATES.

- In a press conference on 3 December, Mr. Tom Ridge, Director of Homeland Security, put the nation on a general public alert for acts of terrorism, which is the third such alert since 11 September. The Federal Bureau of Investigation issued a terrorist threat advisory update through the National Law Enforcement Telecommunication System (NLETS) to 18,000 law enforcement agencies nationwide. Historically,

terrorists have planned attacks at the end of Ramadan during important religious observations of other faiths.

11. **AFGHANISTAN HEALTHCARE – WORLD HEALTH ORGANIZATION (WHO).**

The WHO Health Updates for 3 and 6 December provided information regarding the current health status in Afghanistan. <http://www.who.int/disasters/repo/7459.doc> and <http://www.who.int/disasters/repo/7462.doc>

- Update from Ghazni: The WHO reports an increased risk for a measles outbreak in the region as more children become susceptible due to lack of vaccination and malnutrition. Currently, there is a reported increase in acute respiratory infections.
- Update from Herat: Approximately 350,000 people are living in the internally displaced persons (IDP) camps in the Herat area. The WHO staff reported over 2,100 cases of acute respiratory infection last week, approximately 50% of those seeking healthcare. These infections are considered the number one killer in Afghanistan. Diarrheal diseases were prevalent and tuberculosis (TB), malaria, typhoid, and measles have been reported in the camps. The situation in Maslakh camp is especially dire with thousands of people without adequate shelter as winter arrives.
- Update from Kabul: The WHO found 72 health facilities operating in Kabul of which 47 were rated in “fair” condition, 22 were rated in “poor,” and three, including two private hospitals, were rated as “good.” Kabul, a city of 1.3 million, now has one doctor for every 1,700 people. This is in sharp contrast to the Bamyán province which has two doctors that serve the entire population of 434,000 people.
- Update from Laghman province: The WHO is working with local health authorities to control an ongoing outbreak of malaria in the eastern region especially the Laghman province. The WHO reports the incidence of malaria has actually increased since October. Over 1,250 cases (38 deaths) were reported in two hospitals during November. The outbreak primarily involves *Plasmodium falciparum*. The WHO predicts malaria transmission to drop dramatically this month as the temperature cools.

12. **INFLUENZA PANDEMIC PLANNING – EUROPE.** On 27 November, the European Commission, representing 29 countries, met in Brussels to discuss influenza pandemic planning for Europe. Highlights of the meeting included (1) approval and support for the influenza surveillance activities of the [European Influenza Surveillance Scheme \(EISS\) and EuroGROG](#); (2) the need to continue influenza surveillance throughout the year and a better integration of human and animal surveillance; (3) the need to speed up availability of influenza vaccines in the case of a pandemic; and (4) the need to stockpile antivirals in preparation for a pandemic. The group expressed concern about the small number of companies that produce vaccines and antivirals in Europe and how mechanisms need to be found to determine the fair and equitable distribution of these products in the event of a pandemic. The Commission plans a follow up meeting to coordinate the different national influenza pandemic plans, which is hoped to be a model for other communicable diseases (e.g., smallpox) that have the potential to become a pandemic.

13. **INFLUENZA VACCINE – CDC.** The CDC reports that more vaccine is to be delivered this season than earlier reported. Approximately 87 million doses of vaccine

will be distributed for this flu season with the final 15 percent of the doses being delivered during December.

- The Assistant Surgeon General is circulating a letter to health care providers urging the continuation of flu vaccines through the month of December and for as long as vaccine supplies are available: http://www.cdc.gov/nip/Flu/December_letter.htm.
- The CDC has also provided a new handout for patients to help differentiate colds, influenza, and inhalational anthrax. The handout is available at <http://www.cdc.gov/nip/flu/pubs/cold-flu-anthrax.pdf>.

14. INFLUENZA SURVEILLANCE – USA.

- The CDC reported low levels of influenza activity in the USA thus far this season. Of the 73 influenza isolates reported since 30 September, 70 (96%) were influenza A and three (4%) were influenza B viruses. Alaska accounted for 39 (52%) of all isolates. Of the influenza A isolates, 45 (64%) were subtyped; 44 were influenza A (H3N2) viruses and one was an influenza A (H1N1) virus. All isolates were antigenically similar to the vaccine strains. The CDC reported two virologically confirmed institutional outbreaks during November: an elementary school in Fort Collins and a long-term care facility in the Hudson Valley region of New York. The CDC collects and reports U.S. influenza surveillance data during October-May and updates information weekly at <http://www.cdc.gov/ncidod/diseases/flu/weekly.htm>.
- The National Flu Surveillance Network reports that New York is under an influenza warning. Three states remain under influenza alert: Alaska, Georgia, and North Dakota. Twenty-four states are under an influenza watch with five new states being added to the watch: Alabama, Colorado, Delaware, Missouri, and Oklahoma. There are seven states that are showing activity during this week that were not showing activity during this time last year: Delaware, Indiana, Nebraska, Rhode Island, Tennessee, Virginia and Wyoming. For more detailed information by city and/or county, please see [Table 1](#). The influenza alert categories are epidemic, warning, alert, watch, first case and no activity. A warning status means that high numbers of cases are being reported daily, an alert status means that a moderate number of cases are being reported as consistently as every other day and a watch status means positive results have been reported in that state. This information is available graphically at <http://www.fluwatch.com/index2.html>.

15. **INFLUENZA SURVEILLANCE – EUROPE.** The EISS and EuroGROG monitor influenza activity in Europe. The EISS monitors influenza activity for 18 participating countries, and EuroGROG is a complementary service that monitors influenza activity in non-participating countries. During the past week France and Slovenia reported sporadic activity. Three countries confirmed virologically confirmed cases of influenza: England and France both with first isolates of the season being influenza A (H3N2) and Romania with a first case of influenza A (H1N1) virus. For the overall season, influenza activity is below epidemic threshold in all countries except for France and Slovakia, which report slightly increased levels of influenza morbidity. EISS and EuroGROG provide a weekly bulletin update that is available at <http://www.eiss.org/>. The EISS Bulletin Review provides a nice color-coded map indicating level and type of influenza activity.

16. HUMAN TRANSPORTER – UNITED STATES POSTAL SERVICE (USPS). On 6 December, the USPS reported that postal employees would begin testing a human transporter (HT) on 7 January. The HT is produced by Segway and is the first self-balancing, electric-powered transportation device. The USPS will evaluate the HT's ability to "provide enhanced productivity and efficiency for the Postal Service, as it allows a person to go farther, move quicker and carry more, anywhere they walk." This device could potentially have broad application and can be viewed at <http://www.segway.com/consumer/>.

17. FDA WARNINGS – DROPERIDOL. On 5 December, the FDA strengthened the warning and precautions section in the labeling droperidol, a tranquilizer used most often as a pre-medication for anesthesia, as treatment for nausea after anesthesia, and for sedation of agitated patients. Droperidol has been associated with fatal cardiac arrhythmias. Specific changes to the labeling include a "black box" warning, the most serious warning for a FDA-approved drug. The new warning is intended to increase awareness on the potential for cardiac arrhythmias during drug administration and to consider use of alternative medications for patients at high risk for cardiac arrhythmias.

18. BOVINE SPONGIFORM ENCEPHALOPATHY (BSE) – FINLAND, JAPAN, AND USA. On 7 December, the World Animal Health Organization (OIE) received a report from Finland of the first confirmed BSE case in the country. The case was a six-year old dairy cow from a farm in Northern Finland that had not used meat and bone meal for over 20 years. Epidemiological investigations are ongoing. The full report is available at http://www.oie.int/eng/info/alerte/en_fin101201.htm. On 5 December, the OIE also received a report from Japan of a confirmed BSE case in a five-year old Holstein cow in Seida Gun, Gunma Prefecture. The cow is the third BSE case reported in Japan. An epidemiological investigation indicates that feed used on the farm was the probable source of infection. The dairy farm was placed under movement control pending further investigation. The full report is available at http://www.oie.int/eng/info/hebdo/AIS_41.HTM#Sec1. On 4 December, the USDA published an amendment to the list of regions that present an undue risk of BSE, which will now include the Czech Republic due to the detection of BSE in native-born animals. The amendment was effective 8 June.

19. FOOD SAFETY GUIDELINES FOR SENDING FOOD GIFTS TO MILITARY MEMBERS – USDA. On 6 December, the USDA released advice on food gifts that can be safely mailed to the U.S. military. Recommended products include dried products, shelf-stable canned specialties, and regional condiments such as hot sauces. Complete information is available at <http://www.fsis.usda.gov/oa/news/2001/milgifts.htm>.

20. AVIAN INFLUENZA – CONNECTICUT. On 5 December, the World Animal Health Organization (OIE) reported avian influenza sero-positive birds (serotype H7N2) in one broiler flock in Connecticut after a report of a slight increase in flock mortality. The sero-positive birds had air sacculitis on necropsy and the mortality in the flock returned to

expected levels after addition of terramycin to drinking water, which support a bacterial infection rather than viral. Nevertheless, the flock was depopulated as a precautionary measure and the carcasses were incinerated. Cleaning and disinfection were completed on 8 November. Surveillance elsewhere in the state was negative for avian influenza virus, and no other poultry operation is present within 20 miles of this flock. Despite an extensive epidemiological investigation, the origin of the exposure remains unknown but is thought to be related to the introduction of spent fowl of undetermined origin by a live-poultry haulier. Avian influenza is frequently found in auction markets and live-bird markets for local ethnic populations. Although only low pathogenic serotypes have been isolated in these cases, the USDA is undertaking efforts to clean and disinfect these markets to break the cycle and minimize any possibility of virus mutation into a pathogenic strain. The full report is at http://www.oie.int/eng/info/divers/en_usa051201.HTM.

21. HIV/AIDS – AFRICA. On 10 December, the U.S. Agency for International Development (USAID) reported that AIDS deaths are reducing the number of workers available to African businesses, which is negatively affecting their competitiveness. The reduction in workforce due to AIDS deaths reduces the profitability of African businesses by both increasing the cost of production and decreasing worker productivity. In sub-Saharan Africa one in 12 workers is infected with HIV, and most infected workers will become ill and die within seven to 10 years of becoming infected. The USAID predicts that the high prevalence of HIV/AIDS in young people will likely affect the future supply of laborers and managers entering the workforce. This will likely contribute to continued political and economic instability in the continent.

22. YELLOW FEVER VACCINE – WHO. On 7 December, the WHO reported recommendations from the Strategic Advisory Group of Experts (SAGE), part II, in the Weekly Epidemiological Record. The SAGE recognized the short-term crisis in yellow fever vaccine supply and endorses the WHO policy for prioritized use of the limited supplies. The SAGE advocated the continuation of vaccinating travelers to yellow fever endemic areas and the rapid response to outbreaks as a means to ensure efficient use of the available vaccine. The WHO classifies endemic regions for yellow fever in Africa <http://www.who.int/ith/english/map1.htm> and in the Americas <http://www.who.int/ith/english/map2.htm>.

23. HEPATITIS A VACCINE WITHDRAWAL – AVENTIS PASTEUR. The Eurosurveillance Weekly reported that member states of the European Union coordinated a withdrawal of the VAQTA hepatitis A vaccine manufactured by Aventis Pasteur during the past week. The withdrawal involves adult and pediatric preparations and another preparation using the generic name, "Hepatitis A vaccine, purified, inactivated, for adults." The withdrawal was initiated after results of sample vaccine doses in Germany found the antigen content in some pre-filled syringes to be below established minimum specifications. The response to the withdrawal by public health authorities has varied in different countries. The Department of Health in the United Kingdom is recommending those individuals who remain at risk for hepatitis A and who

were previously immunized with the affected vaccine receive immunization with an alternative vaccine.

24. **VIRAL HEMORRHAGIC FEVER – GABON.** On 4 December, the WHO received a report of seven deaths in an outbreak of suspected viral hemorrhagic fever in Ogooue Ivindo province in northeastern Gabon. The WHO sub-regional epidemic response team is enroute to perform a preliminary field investigation. <http://www.who.int/disease-outbreak-news/n2001/december/5december2001.html>

25. **POLIOVIRUS ERADICATION – WHO.** On 30 November the WHO European Region reported that Europe has been free of reported cases of indigenous poliomyelitis for three years and is on track for becoming fully certified as a polio-free region in 2002. The WHO also reports that the Global Poliomyelitis Eradication Initiative launched in 1988 is on track for the world to be certified polio-free in 2005. Annual incidence of poliomyelitis has dropped by over 99% from an estimated 350,000 cases in 1988 to only 2,971 reported cases in 2000. The remaining foci for wild poliovirus include Afghanistan, India, Pakistan, and West, Central, and the Horn of Africa. Funding for polio vaccination will likely be reduced or eliminated if global eradication is validated in 2005. The report is at <http://www.who.dk/cpa/pr01/pr0013e.htm>

26. **MENINGOCOCCAL MENINGITIS – SOMALIA.** On 7 December, the WHO reported an outbreak of meningococcal meningitis in Somalia with 49 cases and six deaths in Hargersa since 13 October. *Neisseria meningitidis* serogroup A was laboratory confirmed. The vaccine used by the military does provide protection for this serogroup. Hargersa is adjacent to an area in Ethiopia that was most severely affected during an outbreak last spring, which peaked during 5-11 March. The highest number of cases of meningococcal meningitis in the World occur in a region known as the African Meningitis Belt, which includes all or part of 18 countries in sub-Saharan Africa: <http://www.who.int/disease-outbreak-news/images/figure19.gif>. Epidemics generally occur in seasonal cycles between the end of November and the end of June and decline rapidly with the arrival of the rainy season.

NEW PRODUCTS:

Staying Healthy Guide for Southwest Asia which is available at <http://chppm-www.apgea.army.mil/deployment/>

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Count	State	Influenza Category			
		Watch	Alert	Warning	Epidemic
1	AK		Anchorage		
2	AL	Montgomery			
3	AR	Little Rock			
4	CA	Fresno/Norwalk			
5	CO	Englewood			
6	DE	Newark			
7	FL	Miami/Niceville/Ocala			
8	GA		Fayetteville		
9	IL	Bloomington			
10	IN	Mishawaka/Richmond			
11	KS	Norton			
12	LA	Metairie/ New Iberia			
13	MI	Novi			
14	MO	Joplin			
15	NE	Fremont			
16	NC	Brevard			
17	ND		York		
18	NJ	Mount Holly			
19	NY	Nassau County		Queens County	
20	OK	Oklahoma City			
21	PA	Reading			
22	RI	Warwick			
23	TN	Memphis/Sneedville			
24	TX	Austin/San Antonio			
25	UT	Salt Lake City			
26	VA	Reston			
27	WA	Bellingham			
28	WY	Lander			

Table 1: Influenza Surveillance as reported by the National Flu Surveillance Network