

**USACHPPM
DEPUTY CHIEF OF STAFF FOR OPERATIONS
HEALTH INFORMATION OPERATIONS
WEEKLY UPDATE**

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RECENT ISSUES

1. ANTHRAX EXPOSURES – CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). Anthrax vaccinations are being considered for some postal and senate workers exposed to anthrax as they are nearing or have completed prophylactic regimens. An announcement regarding the decision is expected early this week.

2. ANTHRAX DECONTAMINATION – ENVIRONMENTAL PROTECTION AGENCY (EPA). On 16 December, the EPA oversaw the second unsuccessful attempt to

decontaminate the Hart Senate Office Building using chlorine dioxide. The second attempt was deemed unsuccessful at 0300 when a blockage in the ventilation system prevented technicians from achieving a concentration sufficient to kill the surviving anthrax spores. The EPA ordered a repeat decontamination when nine swabs were positive for anthrax culture out of 380 samples. The positive swab primarily involved the cold air return in the ventilation system. Prior to treatment, the EPA pumped steam into the building for two days to raise the humidity to an appropriate treatment level of 75 percent. During the first attempt on 1 December, the EPA cleaned twelve offices and areas in the Hart building using different technological methodologies such as chlorine dioxide gas, chlorine dioxide liquid, foams, and HEPA vacuum. Preliminary test results to assess the effectiveness of the fumigation process are expected to take five to seven days once test samples have been collected.

3. ANTHRAX VACCINE – NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASE (NIAID). The NIAID, National Institutes of Health (NIH), has designated the Science Applications International Corporation (SAIC) to solicit information about potential anthrax recombinant protective antigen vaccines from all possible sources. The NIAID is interested in facilitating and expediting the development of these vaccines. The principal contact at SAIC is Dr. Mark Brunswick who can be reached at (301) 228-3135 or mark.r.Brunswick@saic.com.

4. CHEMICAL AGENT TRAINING SOURCES – CDC. The CDC recently posted a new training source for chemical agent emergencies at <http://www.bt.cdc.gov/chemagents.asp>. This training includes frequently asked questions and emergency room procedures for chemical agents and recommendations for on-scene (pre-hospital) and hospital medical management of patients exposed during a hazardous materials incident.

5. RADIOLOGICAL EMERGENCY TRAINING SOURCES – CDC. The CDC recently posted a new training source for radiological emergencies at <http://www.bt.cdc.gov/Radiological.asp>. The information includes basic explanations and definitions related to radiation and radiological emergencies and offers guidance to those responding both at the scene of an emergency (pre-hospital) and for hospital staff.

6. NUCLEAR ACCIDENT GUIDANCE – FOOD AND DRUG ADMINISTRATION (FDA). On 10 December, the FDA released guidance on the use of potassium iodide (KI) to reduce the risk of thyroid cancer in children and adults in emergencies involving the release of radioactive iodine into the environment. This guidance supersedes previous guidance issued in 1978 and 1982. The previous guidance was guided mostly by studies on the risk of thyroid disease that used estimates of external thyroid irradiation resulting from the WWII nuclear detonations in Hiroshima and Nagasaki. The agency's new recommendations are derived from a review of the much more comprehensive and reliable data in studies conducted after the Chernobyl nuclear reactor accident in April 1986. The data clearly demonstrate the risks associated with thyroid radiation from radioiodines that are inhaled or ingested with contaminated food.

When such exposures are likely, KI can be used to block thyroid uptake of radioactive iodine species and thus provide safe and effective protection against thyroid cancer caused by such irradiation when exposure cannot be prevented by other measures. The FDA recommends a standard daily dose of 16 mg of KI for infants less than one month old; 32 mg of KI to children aged one month to three years; 65 mg of KI for children and teenagers from three years to 18 years old; and 130 mg of KI for adults, including pregnant and lactating women and adolescents over 150 pounds. As a rule, daily dosing should continue until the risk of exposure has passed and/or until other measures (evacuation, sheltering, control of the food and milk supply) have been successfully implemented. The report is available at <http://www.fda.gov/cder/guidance/4825fnl.htm>.

7. FOOD SAFETY BILL – HOUSE OF REPRESENTATIVES. On 13 December, the U.S. Department of Health and Human Services announced that the U.S. House of Representatives overwhelmingly passed a food safety bill that improves the ability of the FDA to respond to and prevent bioterrorism. The bill, as it currently reads, allows the FDA to (1) detain food until a product's safety can be determined and (2) debar importers who import adulterated foods. Another provision would require importers to give the FDA advance notice that their shipments are approaching U.S. borders.

8. AGROTERRORISM WORKING GROUP – FDA. The Center for Veterinary Medicine, FDA, is in the process of organizing the Agroterrorism Working Group, which will formalize plans regarding agriculture and bioterrorism related to foods. The *FDA Veterinarian* reported that the working group would first focus on improving communication and coordination between State and Federal labs that deal with animal feeds, as well as provide scientific expertise in feed contamination issues.

9. HOMELAND SECURITY – UPDATES. On 13 December, the White House gave formal notice of the U.S.A.'s withdrawal from the Anti-Ballistic Missile (ABM) Treaty signed in 1972. The effective date of withdrawal will be six months from the notice, in accordance with the provisions of the Treaty. The ABM Treaty prevents defense against ballistic missile attack. While the U.S.A and Russia have agreed to reduce offensive nuclear forces, the focus will now turn toward development of missile defenses to include joint exercises and potential joint development programs with Russia. Military occupational health programs may be affected by these new ventures.

10. AFGHANISTAN HEALTHCARE – WORLD HEALTH ORGANIZATION (WHO). The WHO Health Update for 14 December indicated that acute respiratory infections, including pneumonia, remain the primary concern for 300,000 people gathered in and around Herat. Tuberculosis is especially a concern in the overcrowded Maslakh camp near Herat. This week, the WHO began coordination for reconstruction of the health sector. Players included United Nations (UN) agencies, Afghan and international non-governmental organizations (NGOs), and representatives from Afghan University. The priorities assessed by this group included: (1) continuing emergency assistance; (2) training of health workers and other capacity [sic] building; (3) conducting baseline health and population surveys; and (4) empowerment of female workers. Emphasis

was also placed on the urgent need to pay health care workers and to ensure care for landmine victims and others with disabilities. The report is at <http://www.who.int/disasters/repo/7473.html>.

11. AFGHAN REFUGEES AND INTERNALLY DISPLACED PERSONS (IDP) – PAKISTAN. The UN High Commissioner for Refugees reports that Afghans remain the largest, single refugee group in the world with 3.5 million refugees in Pakistan and Iran alone. The United States Agency for International Development reports that food aid shipments into Afghanistan are reaching target levels, although poor security has blocked distribution to beneficiaries in certain areas. International relief presence has gradually increased, with NGOs active in all cities except Kandahar and with UN representatives operating in Herat, Kabul, Jalalabad, and Faizabad. Lobbying has begun for a new IDP camp near Herat so that Maslakh camp can be closed to new arrivals. The International Organization for Migration (IOM) is preparing to conduct a full re-registration of all residents of Maslakh camp using scannable bracelets for the heads of family. Maslakh currently holds an estimated 200,000-300,000 residents. The security situation in Mazar-e-Sharif is volatile, and some aid agencies are avoiding rural areas due to security concerns. Spontaneous and organized returns of refugees to Afghanistan have begun on a small scale, but large numbers of returns are not expected until spring.

12. INFLUENZA SURVEILLANCE – USA. The National Flu Surveillance Network reports that New York continues under an influenza warning. Two states are under influenza alert: North Dakota and Pennsylvania. Twenty-five states and the District of Columbia (DC) are under an influenza watch with three new states and the DC being added to the watch: Connecticut, Nebraska, and Wisconsin. There are five states and the DC that are showing activity during this week that were not showing activity during this time last year: Delaware, Indiana, Nebraska, Rhode Island, and Tennessee. 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>.

13. INFLUENZA SURVEILLANCE – EUROPE. During the past week, the European Influenza Surveillance Scheme and EuroGROG reported the following sporadic influenza activity: A (H3N2) in France; A (H1N1) in Romania; and B in France and Slovenia. Belarus and Finland also reported sporadic influenza A and B activity. Belgium reported isolation of influenza A virus, subtype not specified. Influenza remained below epidemic threshold in all networks that reported, although slightly increased levels of influenza morbidity were observed in France, Italy, and Slovakia. Reports of increasing respiratory syncytial virus cases were received from France, England, Ireland, and Scotland. The reports are available at <http://www.eiss.org/>.

14. BOVINE SPONGIFORM ENCEPHALOPATHY (BSE) SURVEILLANCE – EUROPE. On 13 December, the Eurosurveillance Weekly reported that enhanced surveillance for BSE in sheep and goats within the European Union is proposed to start in 2002. In a speech on 20 November, the European Commissioner for Health and Consumer Protection stated that he was awaiting an opinion from the Scientific Steering Committee on the number of tests necessary to obtain a good estimate of this theoretical BSE incidence. He further stated that this opinion could be the basis for a proposal to increase the testing for BSE in sheep beyond the modest levels scheduled to apply beginning on 1 January 2002. Any confirmation of the presence of BSE in sheep outside of laboratory conditions would likely radically alter any testing protocols. The report is at <http://www.eurosurv.org/update/news.html>.

15. BSE – AUSTRIA. On 14 December, the World Organisation [sic] for Animal Health reported the first confirmed case of BSE in Austria. The positive case was in a five-year old cow from the federal province of Lower Austria that did not present with clinical signs. All cattle were culled from the herd, which contained 60 cows, and an epidemiological investigation is ongoing. Since 1 January 2001, the Austria BSE surveillance program has examined all slaughtered bovines over 30 months of age and any suspect animals. The total examinations as of 9 December were 217,970. The report is at http://www.oie.int/eng/info/hebdo/a_current.htm.

16. BLOOD SUPPLY POTENTIALLY ENDANGERED – WHO. On 14 December, the WHO stated that FDA's proposed deferrals for blood and blood products on the basis of a theoretical vCJD risk could endanger the supply of blood and blood products. With a blood test for vCJD unlikely in the near future and BSE now reported in countries outside of the European Community (i.e., Czech Republic, Japan, Slovakia, Slovenia), future blood donor deferrals could significantly limit the available blood supply. In August, the FDA proposed strengthening measures to defer blood donors from countries with BSE/vCJD risk; this proposal is available at <http://www.fda.gov/cber/gdlns/cjdvcjd.htm>. The changes reflected in the proposed guidance include deferral for donors who have (1) spent three months (previous guidance was six months) or more cumulatively in the UK from 1980-86; (2) spent five years or more cumulatively in France from 1980 to present; or (3) resided at U.S. military bases in Northern Europe for six months or more from 1980 to 1990 or elsewhere in Europe from 1980 through 1996. Donors who have lived cumulatively for five years or more in Europe from 1980 until the present are deferred from whole blood but not source plasma. The WHO's report is available at <http://www.who.int/wer/pdf/2001/wer7650.pdf>.

17. AMERICAN RED CROSS (ARC) BLOOD SUPPLY VIOLATIONS – FDA. On 13 December, the FDA asked a Federal court to hold the ARC in contempt of a 1993 consent decree covering ARC's blood program. The FDA also asked the court for authority to levy prospective fines against ARC for future violations. The actions resulted from FDA's sixth and most recent inspection of ARC's national headquarters in February-April 2000, which found the following violations: (1) incorrect labeling and release of blood potentially contaminated with cytomegalovirus; (2) lack of adequate

quarantine and inventory controls; (3) inadequate donor registration controls and failure to maintain accurate and current lists of deferred donors; and (4) erroneous, premature release of computerized “holds” on blood donations. A FDA inspection of the Salt Lake City facility in March-May 2001 revealed that ARC had not corrected these violations. The press release is available at <http://www.fda.gov/bbs/topics/NEWS/2001/NEW00785.html>.

18. FDA APPROVALS – ARIXTRA (FONDAPARINUX SODIUM). On 10 December, the FDA approved Arixtra injection for reducing the risk of blood clots after orthopedic surgery for hip fracture, hip replacement, and knee replacement. Arixtra is the first synthetic anticoagulant indicated for use in these types of surgeries. More information is available on this product at <http://www.fda.gov/bbs/topics/ANSWERS/2001/ANS01125.html>.

19. HEPATITIS A VACCINE WITHDRAWAL – USA. On 10 December, the FDA initiated a recall of certain lots of hepatitis A vaccine, inactivated (VAQTA) produced by Merck & Co., Inc. The recall was initiated due to reports that some single-dose pre-filled syringes may have antigen levels below the minimum product specification limit. Patients vaccinated with these recalled lots may be insufficiently protected against hepatitis A. Individuals who may have received doses from these lots would have been vaccinated after 29 May 2001 with the adult formulation and after 9 August 1999 with the pediatric/adolescent formulation. The CDC has not made recommendations regarding revaccination at this time. The FDA has lot specific information available at <http://www.fda.gov/cber/recalls/merhav121001.htm>.

20. AUTISM NOT LINKED TO MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE – UNITED KINGDOM (UK). The UK Department of Health commissioned the Medical Research Council (MRC) to determine if a link existed between autism and the MMR vaccine. The MRC released their report on 13 December, which stated there was no evidence to link autism with the MMR vaccine. The Institute of Medicine in the USA concluded earlier this year that there was no causal relationship between autism and the MMR vaccine at the population level.

21. CHILDHOOD VACCINE RECOMMENDATIONS – CDC. On 10 December, the CDC provided a press release on the Advisory Committee on Immunization Practices (ACIP) vote to temporarily reverse recommendations for pneumococcal conjugate vaccine and to continue previously issued DTaP recommendations. The recommendations will be published in a future edition of the *Morbidity and Mortality Recommendations and Reports*. The press release is available at <http://www.cdc.gov/od/oc/media/pressrel/r011210.htm>. A summary follows.

- The ACIP voted to continue prior recommendations for DTaP vaccine published 16 Mar 01. These recommendations are for providers who had insufficient quantities of DTaP vaccine. The recommendations include prioritization of the initial three DTaP doses, and if necessary, deferral of the fourth DTaP dose. If deferral of the fourth DTaP dose still does not provide enough vaccine to vaccinate infants with three DTaP doses, then the fifth DTaP dose can be deferred. When adequate DTaP vaccine becomes

available, then steps should be taken to recall children who did not receive a DTaP dose.

- Manufacturer estimates for the pneumococcal *conjugate* vaccine indicates a shortfall of 0.3 million doses *per month* through March 2002, based on current demand. The shortage of vaccine is due to a rapid increase in demand and manufacturing problems preventing operation at full capacity. The shortage is expected to continue until mid-2002. The ACIP is making revised recommendations to limit pneumococcal conjugate vaccine use until supplies are adequate. The revised recommendations include (1) high risk children less than five years of age should continue to be vaccinated as recommended by the ACIP in October 2000; (2) healthy infants and children less than 24 months old should receive a decreased number of doses based on the age at which vaccination is initiated and the providers estimate of vaccine supply in their practice. All providers should defer the fourth dose in infants who are vaccinated beginning at less than six months of age; (3) vaccinate children who did not receive a dose when vaccine becomes available.

22. COCCIDIOIDOMYCOSIS – CALIFORNIA. On 13 December, Eurosurveillance Weekly reported two cases of coccidioidomycosis in persons who attended the World Championship of Model Airplane Flying in Lost Hills, Kern County, California during 8-12 October. The patients experienced influenza-like symptoms approximately one week after returning home. The championship is an international event with competing teams from 30 countries in the Americas, Europe, and the Pacific. The CDC recommends that coccidioidomycosis be considered in the differential diagnosis for persons with a clinically compatible illness and with a history of travel to this event. The incubation period is one to four weeks, although it may occasionally disseminate insidiously years after the primary infection. Healthcare providers (HCPs) or championship participants and spectators in California are encouraged to contact the California Department of Health Services at (619) 692-8664 or knm6@cdc.gov to discuss the need for testing. HCPs and other individuals elsewhere in the U.S.A. or abroad may contact the CDC at (404) 639-1299 or tnc4@cdc.gov. The HIO Weekly Update of 6-12 October reported an increase in the number of coccidioidomycosis cases during September in Kern County. Surveys indicated that up to 30 percent of the local population in this area have positive serologies. Heavy rains during July were thought to be responsible for the accentuated fungal growth, which combined with September's dry and windy conditions resulted in a spread of fungal spores. Coccidioidomycosis is a fungus that grows in soils of the southwestern United States. The majority of people infected are asymptomatic. Symptoms, when present, include chest pain, fever, chills, cough, rash, backaches, night sweats, and loss of appetite. The infection is not contagious. The Eurosurveillance Weekly is at <http://www.eurosurv.org/update/> and the CDC's report is at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5049a2.htm>.

23. HIV/AIDS IN PEACEKEEPING OPERATIONS – U.S. GENERAL ACCOUNTING OFFICE (GAO) REPORT. On 12 December, the GAO released a report entitled "UN Peacekeeping: United Nations Faces Challenges in Responding to the Impact of HIV/AIDS on Peacekeeping Operations." The report concludes that HIV/AIDS is a

security issue that threatens the effectiveness of UN peacekeeping missions. The policy of the UN Department of Peacekeeping Operations (DPKO) discourages but does not preclude countries from sending individuals with HIV on peacekeeping missions. The concern is that peacekeepers could potentially become a source of HIV infection for local populations. This concern is consistent with the UN peacekeeper's code of conduct to do no harm. The DPKO has focused intervention efforts in three areas (1) development and distribution of an HIV/AIDS awareness card; (2) training on HIV/AIDS prevention; and (3) distribution of condoms. DPKO has distributed 15,000 awareness cards to peacekeepers in Sierra Leone and plans distribution to peacekeepers in Ethiopia/Eritrea, Congo, East Timor and Kosovo. GAO recommendations regarding this program include (1) develop and conduct behavior surveys of peacekeepers to gather baseline and follow-up data on their knowledge and awareness of HIV/AIDS and their sexual behavior and (2) analyze information gathered from these surveys to measure the effectiveness of preventive efforts and identify which contingents (countries) are at highest risk of transmitting or contracting sexually transmitted infections, including HIV, at each mission to better target resources. The full report, which includes a schematic of the awareness card, is at <http://www.gao.gov/new.items/d02194.pdf>.

24. VIRAL HEMORRHAGIC FEVER – GABON. On 16 December, the WHO reported that laboratory testing in Gabon indicated that Ebola virus is the causative agent in an outbreak occurring in Gabon. Twelve deaths have occurred among a total of 16 suspected cases (CFR = 75 percent). A total of 155 contacts have been identified thus far. An epidemiological investigation is ongoing. This is the fourth Ebola outbreak in Gabon. Historically, all outbreaks have been in the central and northeastern regions of the country. Gabon's first verified Ebola outbreak occurred over six weeks in December 1994 in gold mining encampments. Two other Ebola epidemics were confirmed in February and October of 1996. The February outbreak occurred in 13 people who became ill after butchering a dead chimpanzee they had found. Ebola hemorrhagic fever is one of the most virulent viral diseases known, causing death in 50-90 percent of cases. The Ebola virus is contracted by direct contact with the blood, secretions, organs, or semen of infected persons or by handling ill or dead infected chimpanzees. Health care workers have been frequently infected while attending patients. Reports are at <http://www.who.int/disease-outbreak-news/n2001/december/17december2001.html> and <http://www.who.int/disease-outbreak-news/n2001/december/12december2001.html>

25. JEOPARDIZED FOOD SECURITY – SOMALIA. On 13 December, the Food and Agriculture Organization of the UN reported that 15 countries in Africa are facing exceptional food emergencies although the overall food supply situation is generally better than it was one year ago. The 15 countries include: Angola, Burundi, Democratic Republic of the Congo, Eritrea, Ethiopia, Guinea, Kenya, Liberia, Sierra Leone, Somalia, Sudan, Tanzania, Uganda, Zambia, and Zimbabwe. Somalia is of particular concern, as the food situation is rapidly deteriorating following a sharply reduced 2001 main season harvest, the lowest in the last seven years, due to drought. A ban imposed on livestock from eastern Africa in September 2000 by countries along

the Arabian Peninsula due to Rift Valley fever is causing substantial loss of income, particularly in northern Somalia. Additionally, remittances from Somalis living abroad have been curtailed by the recent closure of the Al-Barakaat money transfer company, which channeled millions of dollars into the country. The full report is available at the following website:

http://www.fao.org/waicent/ois/press_ne/presseng/2001/pren01100.htm.

26. CHOLERA – NIGERIA. On 14 December, the Weekly Epidemiological Record reported an outbreak of cholera in Kano city, Kano state, Nigeria. A total of 2,050 cases with 80 deaths had occurred as of 26 November. A further 120 cases in Jigawa state are under investigation. The WHO assisted in establishing a cholera treatment center and teams are investigating contacts, disinfecting houses and other areas, and providing health education. The WHO has supplied cholera kits. The report is at <http://www.who.int/wer/pdf/2001/wer7650.pdf>.

27. MULTIRESTANT *SALMONELLA TYPHIMURIUM* (DT) 104 – NETHERLANDS. On 13 December, the Eurosurveillance Weekly reported an “explosive” increase in *Salmonella enterica subspecies enterica serovar Typhimurium* definitive phage type 104 from humans from September – December 2000, which has since plateaued at a level double that of previous years. The proportion of cases of DT104 infection in humans in the Netherlands (15% of all salmonella isolates in November) is now among the highest in Europe. DT104 has a penta-resistance that is chromosomally coded and integron mediated. DT104 is resistant to ampicillin, chloramphenicol, streptomycin, sulphonamides, and tetracyclines. Of increasing concern is that the penta-resistance in DT104 has been identified in isolates of *Escherichia coli* from farm animals. The report concludes that the cause for the explosive increase of DT104 in humans is the sustained increase in cattle and pigs. The dispersal of manure, especially pig manure, is believed to be a significant factor in the spread of DT104. Chromosomal exchange of resistance across species barriers may occur increasingly with the growing prevalence of resistant DT104 strains. The full report is at <http://www.eurosurv.org/update/news.html>.

28. SICKLE CELL DISEASE – GENE THERAPY. On 14 December, Science Magazine reported inhibition of red blood cell dehydration and sickling in two mouse models using gene therapy. Sickle cell disease is caused by a single point mutation in a gene that results in the formation of abnormal hemoglobin. The researchers designed a gene variant that prevents hemoglobin polymerization and introduced it into a lentiviral vector that was optimized for transfer to hematopoietic stem cells and gene expression in the adult red blood cell lineage. Long-term expression was observed for ten months. Although much work remains, gene therapy could become a reality for this disease. Sickle cell disease affects about 1 in 500 African Americans and 1 in 1,000 Hispanic Americans. The NIH news release is available at <http://www.nih.gov/news/pr/dec2001/nhlbi-13.htm>.

NEW PRODUCTS:

Staying Healthy Guides for (1) Honduras, (2) Philippines, (3) North Africa, and (4) Malaysia/Indonesia will be available this week at <http://chppm-www.apgea.army.mil/deployment/>

The next Health Information Operations Weekly Update will be released on 2 January 2002.

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Count	State	Influenza Category			
		Watch	Alert	Warning	Epidemic
1	AK	Anchorage/Chugiak			
2	AL	Montevallo/Montgomery/Pelham/Vincent			
3	AR	Little Rock			
4	CA	Burbank/Norwalk			
5	CO	Denver/Englewood			
6	CT	Norwalk			
7	DC	District of Columbia			
8	DE	Newark			
9	FL	Cape Coral/Miami/Ocala	Clearwater		
10	GA	Smyrna			
11	IL	Bloomington/Lake Zurich			
12	IN	Mishawaka/Valparaiso			
13	KS	Norton			
14	LA	Metairie	New Iberia		
15	MI	Novi			
16	MO	Joplin			
17	NC	Brevard/Wilmington			
18	ND		York		
19	NE	Fremont			
20	NJ	Mount Holly			
21	NY	Nassau County		Queens County	
22	OK	Edmond/Oklahoma City/Owasso/Tulsa			
23	PA	Reading		Philadelphia	
24	RI	Warwick			
25	TN	Knoxville/Memphis/Sneedville			
26	TX	Dallas/San Antonio			
27	UT	Salt Lake City			
28	WA	Bellingham			
29	WI	Madison			

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