

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

3 December 2001

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.

- The United States Postal Service (USPS) reports that a letter with a minute trace of anthrax was delivered to an address in the Oxford/Seymour area of Connecticut on 9 October. The USPS determined through bar code tracing that this letter passed through the same sorter in Trenton that processed the “Leahy letter” and the “Daschle letter.” This development would suggest that the 94-year old female who succumbed to inhalational anthrax in Oxford, Connecticut might have been exposed via contaminated mail.

- The Centers for Disease Control and Prevention (CDC) reported notable clinical findings in the Connecticut case were (1) onset of symptoms at least three weeks later than previously reported patients and (2) absence of pulmonary infiltrate, pleural effusion, or mediastinal widening on the admission chest radiograph.

- The source of exposure for the stockroom worker in the Manhattan Eye, Ear, and Throat Hospital remains under investigation.

| 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. **ANTHRAX EXPOSURES – USA.**

- On 30 November, the CDC released a preliminary report on adverse events associated with anthrax prophylaxis in 3,863 postal employees. The CDC findings in this study support a full 60-day course of prophylaxis in persons with anthrax exposure associated with the bioterrorist attacks. The side effects reported by 3,428 persons taking ciprofloxacin include: 666 (19%) severe nausea, vomiting, diarrhea, or abdominal pain; 484 (14%) fainting, light-headedness, or dizziness; 250 (7%) heartburn or acid reflux and; 216 (6%) rashes, hives, or itchy skin. For the 3,863 workers on prophylaxis, 83 (2%) sought medical care for symptoms that may have been associated with anaphylaxis. Of the 33 persons who sought medical attention in New Jersey and New York City, none were hospitalized, and the clinicians who evaluated these persons did not attribute the symptoms to anthrax prophylaxis. Follow up of persons in the DC metro area who sought medical attention is ongoing. The full report is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5047a2.htm>.

- On 23 November and 1 December, sanitized mail in the DC metro area and the Trenton area respectively was delivered. A letter providing information about the irradiation process accompanied the sanitized mail in the DC metro area. The 800,000 pieces of sanitized mail from Trenton were placed in individual plastic bags with an accompanying notice, which identifies the contents as having been sanitized per recommendations by a group of experts organized by the White House Office of Science and Technology policy.

3. INTERIM SMALLPOX RESPONSE PLAN AND GUIDELINES– CDC. On 26 November, the CDC released a smallpox response plan that details strategies for responding to a smallpox emergency. Although the plan is currently open for comment, it is designed to provide state and local public health officials with a framework to guide smallpox planning and readiness efforts as well as guidelines for many of the general public health activities that would be undertaken during a smallpox emergency. The document has broad uses for preventive medicine activities and is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5010a1.htm>.

4. SMALLPOX VACCINE CONTRACT – ACAMBIS/BAXTER INTERNATIONAL. The Department of Health and Human Services (DHHS) announced on 28 November that Acambis Inc., with support from its subcontractor Baxter International Inc., was awarded a \$428 million contract to produce 155 million doses of smallpox vaccine (\$2.76 per dose) by the end of 2002. The National Institute of Allergy and Infectious Diseases (NIAID) has early results from a study, which demonstrated that a 1 to 5 dilution of the “Dryvax” smallpox vaccine was as effective as the fully concentrated vaccine. This dilution would expand the existing vaccine supply to 77 million doses. The DHHS reported that this would bring the nation’s stockpile to 286 million [sic] by the end of next year, which is enough to protect every USA citizen. Acambis will produce the new vaccine in an undisclosed location in Europe using a purified strain of *Vaccinia* virus grown in live tissue culture. *Vaccinia* virus is related to smallpox and stimulates immunity to the smallpox virus. The bulk vaccine will be produced in Europe and then shipped to the USA for refinement and processing.

5. HOMELAND SECURITY – UPDATES.

- In a press conference on 27 November, Mr. Tom Ridge, Director of Homeland Security, emphasized some of the future priorities of his office: the need to properly equip and train first responders, e.g., firefighters, police, and medical personnel. Mr. Ridge called for standardized training and equipment that would allow lateral communication. Mr. Ridge also called for strengthening of the public health system, increasing the ability of local hospitals to respond to major public emergencies, and improving food security.
- When Homeland Security Director, Mr. Tom Ridge, was asked about a “national medical intelligence network” in the same press conference, he responded that the Health Alert Network (HAN) has been deployed for this purpose. The HAN is a nationwide, integrated information and communications system from which CDC can both disseminate health alerts and monitor disease surveillance reported by public health and laboratory offices. The HAN provides rapid and secure communications between CDC and first responder agencies, as well as other health officials, in order to transmit surveillance, laboratory, and other sensitive data.
- The Homeland Security Office announced on 27 November that the U.S. government has eight stockpiles, or push packages, containing 50 tons of medical supplies fitted onto nine semi-trucks that can be anywhere in the country within 12 hours or less.

6. AFGHANISTAN HEALTHCARE – WORLD HEALTH ORGANIZATION (WHO).

On 29 November, the WHO issued a statement of concern regarding the possibility of further emergence of drug-resistance strains of tuberculosis due to the declining situation for the detection and control of tuberculosis (TB) in Afghanistan. Given the current situation, new TB drugs are not reaching those who were following a treatment course; thus, laying the foundation for drug-resistance. The WHO reports 60-70,000 new cases of TB annually in Afghanistan with women accounting for approximately 70% of the cases. Almost 15,000 die from TB each year. The full report is available at <http://www.who.int/disasters/repo/7457.doc>.

- Update from Herat: The WHO medical officer reported a shortage of medicine in hospitals in the city. The most prevalent health problem is acute respiratory illness in both Herat and in internally displaced persons (IDP) camps. Three cases of rabies have been recently diagnosed, and one person has died from the disease. The WHO received a request for anti-rabies vaccine.
- Update from Faizabad and Takhar: The WHO is providing medical supplies and medicines to 16 clinics, the Faizabad public hospital, and to IDPs in the area.

7. AFGHANISTAN RELIEF EFFORTS – UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID).

On 30 November, the USAID reported that the food aid pipeline had resumed to the rate of delivery prior to 13 November due to the use of alternative delivery routes and the arrival of several large shipments into the region. Although the security situation is tense in most areas of Afghanistan, the relief activities are continuing to adapt. Humanitarian agencies are cautiously entering the following areas: Kabul, Faizabad, Jalalabad, Spin Buldak, and Hairaton. Although IDPs and refugees from Iran are returning to their homelands, other areas continue to report fleeing populations, e.g., IDPs from Mazar-e-Sharif, Herat, and the Badghis Province and over 1,000 refugees per day into Pakistan.

8. AFGHANISTAN RECONSTRUCTION - WHO. On 26 November, the WHO released a report detailing the five areas of healthcare work that is required in order to save and improve lives: (1) reproductive health – emergency obstetric care needs to be made available and female doctors, nurses, and midwives are badly needed as one woman dies of pregnancy-related complications every 30 minutes in Afghanistan; (2) child health – acute malnutrition affects 10% and chronic malnutrition another 50% making children vulnerable to disease with one-fourth of Afghan children dying before their fifth birthday; (3) communicable disease control – TB, malaria, cholera, measles, typhoid, meningitis, and hemorrhagic fever occur as deadly outbreaks; (4) mental health – over 2 million Afghans are estimated to suffer from mental health problems; and (5) injuries – war-related and other injuries require treatment and long-term rehabilitation to re-integrate the disabled into society.

9. INFLUENZA PROTEIN – NATIONAL INSTITUTES OF HEALTH (NIH). On November 30, the NIH announced that researchers discovered a new “hidden” influenza virus protein that may kill immune systems cells and thereby contribute to the virus’s potency. The full report is in this week’s *Nature Medicine*, and the press release is at <http://www.nih.gov/news/pr/nov2001/niaid-30.htm>.

10. INFLUENZA SURVEILLANCE – USA. The National Flu Surveillance Network reports that four states remain under influenza alert: Alaska, Georgia, New York, and North Dakota.

Twenty states are under an influenza watch with five new states being added to the watch: New Jersey, Rhode Island, Tennessee, Texas, and Washington. New Jersey and Texas were downgraded from an alert last week. There are five states that are showing activity during this week that were not showing activity during this time last year: Indiana, Nebraska, 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.

11. WORLD AIDS CAMPAIGN 2001 – WHO. On 1 December, the slogan for the second year of a two-year campaign was announced to be, “I care . . .Do you?” The theme for the new campaign is “Men make a difference” and advocates reorientation of health services to meet the needs of men. Educational materials, posters, and important links supporting this campaign are available at <http://www.unaids.org/wac/2001/index.html>.

12. WORLD AIDS DAY WEB PAGE – NATIONAL INSTITUTES OF HEALTH (NIH). In recognition of World AIDS Day on 1 December, the NIH announced its World AIDS Day Web page, which is a compilation of HIV/AIDS resources and research activities. The link is found at <http://worldaidsday.nih.gov/worldaidsday/december1.htm>.

13. NEW HIV PATIENT INFORMATION POLICY – UK. The UK Department of Health announced on 28 November that it would no longer require HIV-positive health care workers to notify patients of their status. The Department of Health will determine when to inform patients of any HIV transmission risk on a case-by-case basis. The Department of Health is developing guidance, which will determine which clinical procedures pose a transmission risk. This guidance, when completed, will likely be a beneficial reference document.

14. HIV EPIDEMIC IN EASTERN EUROPE – NATIONAL INSTITUTES OF HEALTH. On 28 November the Joint United Nations Programme [sic] on HIV/AIDS and the WHO released the AIDS Epidemic Update, which reported that Eastern Europe, particularly the Russian Federation, continues to have the fastest-growing HIV epidemic in the world. During 2001, this region had an estimated 250,000 new infections bringing to 1 million the number of people living with HIV. The Caribbean was classified as the second-most affected region in the world. The report states that HIV/AIDS is now the leading cause of death in sub-Saharan Africa, and worldwide it is the fourth-biggest killer. In some parts of Africa, 30 percent of pregnant women are HIV positive. An estimated 40 million people globally are living with HIV at the end of 2001 with about one-third aged 15-24. The epidemic is expected to adversely affect educational systems, civil administrations, health services, and farms of many countries in the hardest hit regions. In sub-Saharan Africa, some countries are expected to lose more than 20% of the GDP by 2020 because of AIDS. Life expectancy in this region is also dropping rapidly due to AIDS: life expectancy is now 47 years instead of an approximated 62 years. The full report is available at http://www.unaids.org/epidemic_update/report_dec01/index.html.

15. WEST NILE VIRUS (WNV) – 2001 END OF YEAR REPORT. On 30 November, the CDC released the final weekly report on West Nile virus for calendar year 2001. A summary

report is forthcoming. The 2001 cumulative total cases for human WNV-encephalitis or meningitis was 48 with the following state breakout: New York (12), Florida (10), New Jersey (7), Connecticut (6), Maryland, (6), Pennsylvania (3), Massachusetts (2), Georgia (1), and Louisiana (1). The median age of reported cases continues to be in excess of 60 years for 2001 (70 years), 2000 (62 years), and 1999 (71 years). The age range of reported cases for 2001 was 36-90 years, which was similar to 2000. More males (56 percent) than females were reported infected, which is consistent with previous years. Diagnosis of WNV in local bird populations appears to precede human infections, while diagnosis of WNV in humans appears to precede equine infections. For 2001, the CDC reported 189 horses in 15 states were infected with WNV as compared to 65 horses in seven states during 2000. The following chart compares human cases of WNV over the past three years.

| Year | Date of onset | Date ending | Peak | Total Human Cases | Deaths | Case Fatality Rate | Number of states involved |
|------|---------------|-------------|--------------------|-------------------|--------|--------------------|---------------------------|
| 1999 | 5 Aug 99 | 22 Sept 99 | 22 Aug 99 | 62 | 8 | 13 | 4 |
| 2000 | 20 Jul 00 | 13 Sep 00 | 12 Aug 00 | 18 | 1 | 6 | 2 |
| 2001 | 13 Jul 01 | 15 Oct 01 | Not yet determined | 48 | 5 | 10 | 9 |

16. BOVINE SPONGIFORM ENCEPHALOPATHY (BSE) – USA. The Department of Health and Human Services announced on 30 November the release of a Harvard University study that indicates that BSE poses an “extremely low” risk to USA consumers and agriculture. The study indicated that if the disease should appear in the USA that FDA and USDA safeguards already in place would likely contain it. Veterinarians and food safety specialists were to emphasize the important role renderers and feed mills play in these safeguards at the National Grain and Feed Association (NGFA) feed industry council that began meetings on 2 December. NGFA members mix and distribute livestock feed nationwide. On 29 November, the FDA released a press statement indicating that President Bush had authorized \$15 million “to keep BSE . . . out of the United States.” The Harvard University report is available at <http://www.aphis.usda.gov/oa/bse/>.

17. VARICELLA VACCINATION – CDC GUIDELINES. On 30 November, the Advisory Committee on Immunization Practices (ACIP) released the results of a retrospective cohort study in 114, 674 children from the Vaccine Safety Datalink (VSD) project. The study evaluated the 1996 ACIP recommendations that physicians should administer *Varicella* vaccine simultaneously with measles, mumps and rubella (MMR) vaccine or wait at least 30 days if the vaccines are administered separately. The results of this study indicate that receipt of *Varicella* vaccine less than 30 days following MMR was associated with a 2.5-fold increase (confidence interval 1.3-4.9) in the incidence of breakthrough infection (i.e., cases of *Varicella* that occur following exposure to wild-type virus). No evidence for increased breakthrough infections was found with simultaneous administration of *Varicella* vaccine with the following: MMR; diphtheria and tetanus toxoids and pertussis vaccine (DTP); *Haemophilus influenzae* type B vaccine (Hib); oral poliovirus vaccine (OPV); inactivated poliovirus vaccine (IPV); and hepatitis B vaccine (HepB). In summary, the ACIP guidelines remain that *Varicella* vaccine should be administered simultaneously with the aforementioned vaccines or should follow administration

of MMR by 30 days or more. The full report is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5047a4.htm>.

18. VACCINE RECOMMENDATIONS – WHO. The Strategic Advisory Group of Experts, established by the WHO in 1999, met 14-15 June in Geneva, Switzerland. The WHO released notes from this meeting on 30 November in the Weekly Epidemiological Record. Some of the endorsements included: (1) continued single dose use of BCG vaccine to prevent harmful affects of TB during the first year of life until such time as an alternative anti-TB vaccine is available (at least a decade away); (2) promotion of efforts towards the reduction of thiomersal content of vaccines whenever feasible; (3) development and evaluation of international reference materials for the diagnosis and study of human transmissible spongiform encephalopathies; and (4) continued acceleration of polio eradication activities particularly in the six countries as highest risk of ongoing transmission – Angola, Democratic Republic of the Congo, Egypt, Ethiopia, Nigeria, and Pakistan. The full report is at <http://www.who.int/wer/pdf/2001/wer7648.pdf>.

19. CHOLERA – NIGERIA. On 26 November, the WHO reported a total of 2,050 cases of cholera and 80 deaths in Kano State in Kano Metropolis. The WHO and the State Ministry of Health have set up a cholera camp with mobilization teams to trace contacts, perform disinfection of houses and other areas, and provide health education. The WHO is providing cholera kits. Another 120 cases of cholera have also been reported in Jigawa State, which are under investigation. The report is available at <http://www.who.int/disease-outbreak-news/n2001/december/3december2001.html>.

20. BLOODBORNE PATHOGENS STANDARD – OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA). On 28 November, OSHA announced a new compliance directive for enforcing the bloodborne pathogen standard that became effective on 18 April. The major new requirements of the standard include: (1) evaluation and implementation of safer needle devices as part of the re-evaluation of appropriate engineering controls during an employer's annual exposure control plan; (2) documentation of the involvement of non-managerial, frontline employees in choosing safer devices; and (3) establishment and maintenance of a sharps injury log for recording injuries from contaminated sharps. The compliance directive is at http://www.osha-slc.gov/OshDoc/Directive_data/CPL_2-2_69.html.

21. OCCUPATIONAL INJURY AND ILLNESS RECORDING AND REPORTING REQUIREMENTS – OSHA. On 12 October, OSHA announced a new employer record-keeping rule of which certain aspects will become effective 1 January 2002. OSHA has developed a website that consolidates the regulation, the new forms, and a summary of the changes at <http://www.osha-slc.gov/recordkeeping/index.html>. A video teleconference is scheduled for 12 December, which will provide training on the new record-keeping rule. Information is available at <http://www.osha.gov/media/oshnews/nov01/trade-20011128A.html>.

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| Count | State | Influenza Category | | | |
|-------|-------|-------------------------------|---------------|---------|----------|
| | | Watch | Alert | Warning | Epidemic |
| 1 | AL | | Anchorage | | |
| 2 | AR | Little Rock | | | |
| 3 | CA | Fresno/Long Beach/Norwalk | | | |
| 4 | FL | Miami/Niceville/Ocala | | | |
| 5 | GA | | Fayetteville | | |
| 6 | IL | Bloomington | | | |
| 7 | IN | Richmond/South Bend | | | |
| 8 | KS | Norton | | | |
| 9 | LA | Bogalusa/Metairie/ New Iberia | | | |
| 10 | MI | Novi | | | |
| 11 | NE | Fremont/Hastings | | | |
| 12 | NC | Brevard | | | |
| 13 | ND | | York | | |
| 14 | NJ | Mount Holly | | | |
| 15 | NY | Nassau County | Queens County | | |
| 16 | PA | Pittsburgh | | | |
| 17 | RI | Warwick | | | |
| 18 | SD | Roscoe | | | |
| 19 | TN | Memphis | | | |
| 20 | TX | Austin/San Antonio | | | |
| 21 | UT | Salt Lake City | | | |
| 22 | VA | Reston | | | |
| 23 | WA | Bellingham | | | |
| 24 | WY | Lander | | | |

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