

USACHPPM
HEALTH INFORMATION OPERATIONS (HIO)
WEEKLY UPDATE

27 February 2002

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

HOT ISSUES	2
Anthrax Case Studies - JAMA	2
Anthrax Genome Sequencing - Institute for Genomic Research	2
Electrical Detection of DNA - Nanoparticle Probes	2
Electromagnetic Radiation from Cell Phones - FTC	2
Indoor Air Pollution - Healthcare Professional Resource	3
Influenza Surveillance – DoD	3
Influenza Surveillance – US	3
Influenza Vaccine, 2002-03 - ACIP Recommendations	3
Influenza Vaccine Recommendations - WHO	4
Measles 2000-2001 - WHO	4
Respirator Resource - NIOSH	4
USCENTCOM	4
FMD - Kuwait	5
Influenza Cases - Afghanistan	5
Military Medical Care - Afghanistan	5
Radioactive Materials - Al Qaeda	5
USEUCOM	5
Cholera - Malawi	5
Foodborne Diseases Increase - Europe	6
Post-Earthquake Anxiety - Turkey	6
<i>E. coli</i> bacteremia - England and Wales	6
Influenza Surveillance – Europe	6
Nosocomial Malaria - England	7
Pneumococcal Disease, 2001 - Norway	8
Polio - Angola / Zambia Border	8
Tetracycline-Resistant <i>Vibrio cholerae</i> - Madagascar	8
USJFCOM	9
Enrofloxacin Withdrawal - Poultry	9
FMD Implications - US	9
PCBs Lawsuit - Alabama	9
Radiopharmaceutical Product - FDA Approval	9

West Nile Virus (WNV) - Florida.....	10
USPACOM	10
Contaminated Prawns - Thailand	10
Field Epidemiology Training Program (FETP) - China.....	10
Influenza Pandemic Preparedness Plan - New Zealand	10
Pneumonic Plague - India	11
TB - East Asia	11
USSOUTHCOM	11
Dengue Fever - Brazil	11
Flooding - Bolivia	11
Malaria and Dengue Fever - Cuba	12
ACRONYMNS	13

HOT ISSUES

Anthrax Case Studies - [JAMA](#)

On 20 February, the JAMA published case studies for two cases of fatal inhalational anthrax exposure in patients from New York City and Connecticut. The reports are at <http://jama.ama-assn.org/issues/v287n7/ffull/joc20064.html> and <http://jama.ama-assn.org/issues/v287n7/ffull/joc20125.html>.

Anthrax Genome Sequencing - Institute for Genomic Research

On 18 February, the *Washington Post* reported that researchers at the Institute for Genomic Research (TIGR) had recently completed a quick sequencing for the strain of *Bacillus anthracis* that killed the index case from the bioterrorism attacks last fall. This data will aid in determining which genetic regions may be important in classifying sub-strains of *B. anthracis*. TIGR has also completed a two-year study in which the entire genomic sequence of *B. anthracis* was identified, which is to be published within the next few weeks. The report is at <http://www.washingtonpost.com/wp-dyn/articles/A25875-2002Feb17.html>.

Electrical Detection of DNA - Nanoparticle Probes

On 22 February, *Science* reported that researchers have developed electronic chips using gold nanoparticles that can detect DNA from anthrax and other organisms within minutes to provide an alternative to existing detection methods that rely on the polymerase chain reaction. The article is: Park S, Taton TA, and Mirkin CA. Array-based electrical detection of DNA with nanoparticle probes. *Science* 2002 295: 1503-6.

Electromagnetic Radiation from Cell Phones - [FTC](#)

On 20 February, the FTC charged two companies that sold devices that purportedly protect users from electromagnetic radiation emitted by cellular telephones with making false and unsubstantiated claims. The FTC reported that there is no scientific proof, as

the companies allege, that so-called shields significantly reduce exposure from electromagnetic emissions. A May 2001 [GAO](#) report stated "Scientific research to date does not demonstrate that the radio frequency emitted from mobile phones has adverse health effects, but the finding of some studies have raised questions indicating the need for further investigation." The FTC has issued a new Consumer Alert that offers suggestions for cell phone users who wish to limit their exposure. The report is at <http://www.ftc.gov/opa/2002/02/svicomstar.htm> and the Consumer Alert is at <http://www.ftc.gov/bcp/online/pubs/alerts/cellshlds.htm>.

Indoor Air Pollution - Healthcare Professional Resource

On 19 February, the [EPA](#) announced the availability of *Indoor Air Pollution: An Introduction for Healthcare Professionals*, which provides an overview of the challenges of indoor air quality investigations, a focus on acute conditions, with patterns that point to particular agents, and suggestions for appropriate remedial actions. The resource is at <http://www.epa.gov/iedweb00/pubs/hpguide.html>.

Influenza Surveillance – [DoD](#)

The [DoD](#) Worldwide Influenza Surveillance Program is a laboratory-based influenza surveillance program managed by the US Air Force. As of 21 February, 321 (17%) of 1,841 submitted specimens have been identified as positive for influenza since the start of the influenza season (29 September). Of the isolates, 63 (20%) have been subtyped, with 60 (95%) influenza A (H3N2), and three (5%) influenza A (H1N1). 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 [CDC](#) has not updated the influenza summary update since the last HIO Weekly Update.

Influenza Vaccine, 2002-03 - [ACIP](#) Recommendations

On 20 February, the ACIP announced the 2002-03 influenza vaccination recommendations. The ACIP recommends that the influenza vaccine be administered in October to persons at high risk of complications - health care workers and children less than nine years of age with a high-risk condition who are receiving the vaccine for the first time, because they require a booster dose in one month. All other groups should begin the vaccine in November. Although October and November are the optimal months for vaccination, the ACIP encourages the use of the vaccine after November based on the fact that in the majority of recent seasons, influenza activity has not peaked until late December through early March. In addition, the committee is "encouraging" influenza vaccination for healthy children aged 6 months to 23 months

because children in this age group are at substantially increased risk for influenza-related hospitalizations. *A full recommendation to annually vaccinate healthy children aged 6 months to 23 months is expected to be made within the next one to three years.* The report is at http://www.cdc.gov/nip/Flu/ACIP_2002-03_recs.htm.

Influenza Vaccine Recommendations - [WHO](#)

On 22 February, the WHO published influenza vaccine recommendations for the 2002-03 season (northern hemisphere winter), which were previously reported in the 13 February HIO Weekly Update. In the published version, the WHO comments on the change in the influenza B antigen component from the B/Sichuan/379/99-like virus to the B/Hong Kong/330/2001-like virus. According to the WHO, influenza B/Hong Kong/330/2001-like viruses spread in an increasing number of countries in Europe, Asia, and North America, and the current vaccine that contains antigens of B/Sichuan/379/99-like viruses induced antibodies that reacted poorly with viruses related to B/Hong Kong/330/2001. The influenza A/New Caledonia/20/99 antigen, which is in the current vaccine and is recommended for the 2002-03 vaccine, was able to induce antibodies to influenza A (H1N2) strains that were isolated in outbreaks or sporadic cases in Egypt, Israel, the UK and US. The report is at <http://www.who.int/wer/pdf/2002/wer7708.pdf>.

Measles 2000-2001 - [WHO](#)

On 22 February, the WHO announced the priority for the next four years in the global elimination of measles is to achieve sustainable measles mortality reduction. According to the WHO, those regions with the lowest coverage levels for the first measles vaccine and no second opportunity for measles vaccination, experience the highest burden of disease. Africa continues to report the lowest coverage rates and the highest incidence of measles. The WHO urged the following actions to achieve sustainable measles mortality reduction: review measles epidemiology; develop a three-to-five year plan for reduction of measles mortality; identify reasons for low routine coverage; and plan and integrate measles activities with other health initiatives. The report is at <http://www.who.int/wer/pdf/2002/wer7708.pdf>.

Respirator Resource - [NIOSH](#)

On 21 February, NIOSH announced new website resources for (1) the National Personal Protective Technology Laboratory website at <http://www.cdc.gov/niosh/nppt/default.html>, which contains information on the approval of self-contained breathing respirators for emergency workers in terrorist attacks (2) respirator usage at <http://www.cdc.gov/niosh/resinfo.html>, and (3) chemical protective clothing at <http://www.cdc.gov/niosh/nppt/chemprcloth.html>.

USCENTCOM

FMD - Kuwait

On 22 February, the [OIE](#) reported that ten cases of FMD, virus type O1, was isolated in Friesian cattle kept on an intensive dairy farm in Al-Wafra, Kuwait. The affected herd had been vaccinated against FMD five months previously and was overdue for vaccination. No cattle had been introduced into the herd for over two years. The report is at http://www.oie.int/eng/info/hebdo/AIS_30.HTM#Sec0.

Influenza Cases - Afghanistan

On 22 February, the [USAID](#) reported that 25 children in the Yumgan Valley in Badakhshan Province died due to an influenza outbreak. An investigative mission was planned for 25 February if security conditions were improved. Influenza had also been reported in Faizabad, Baharak, Jurum, and other districts of Badakhshan. The report is at http://www.usaid.gov/hum_response/ofda/centralasia_sr21_fy02.html.

Military Medical Care - Afghanistan

On 25 February, General Franks announced that nearly 20,000 Afghan civilians had received medical care from military hospitals set up by the US and coalition forces in Afghanistan. Jordan opened a field hospital near Mazar-e-Sharif on 8 January that has so far treated 18,000 civilian Afghan patients. Spain opened a hospital on 10 February in Bagram that had treated 100-120 civilian patients daily. The most common problems reported are dental followed by ailments associated with cold weather. The report is at <http://usinfo.state.gov/cgi-bin/washfile/display.pl?p=/products/washfile/latest&f=02022501.plt&t=/products/washfile/newsitem.shtml>

Radioactive Materials - Al Qaeda

On 25 February, the *New York Times* reported that according to DoD officials, an analysis of suspected radioactive substances seized in Afghanistan had found that black-market swindlers had duped Al Qaeda into purchasing containers dipped in possibly medical waste to fool a Geiger counter. The containers were marked with yellow labels accepted worldwide as a radiation warning or were hand-painted with a skull and cross-bones. The report indicated that people carrying the container would have been exposed to radiation. The article is available at <http://ebird.dtic.mil/Feb2002/e20020226analysts.htm> (requires registration).

USEUCOM

Cholera - Malawi

On 22 February, the [WHO](#) reported a total of 2,395 cases (42 deaths) of cholera in Malawi that has been ongoing since heavy rains and flooding in December left over 10,000 homeless. Cholera is a water-borne disease that is common in rural areas of

Malawi during the rainy season from October to April. According to the Africa News Service, the last rainy season left 19 people dead in a cholera outbreak involving 1,500 cases. Reports are at <http://allafrica.com/stories/200201070387.html> and <http://allafrica.com/stories/200202140546.html>.

Foodborne Diseases Increase - Europe

On 25 February, the WHO and UN jointly announced at the First Pan-European Conference on Food Quality and Safety that food safety and quality need to be improved in all European countries because foodborne diseases have increased considerably in the region during the past decade. The two agencies reported increases in diseases from microbiological hazards such as *Salmonella* and *Campylobacter* and in cases of food contaminated by chemical hazards, such as dioxin, lead and cadmium. The report is at <http://www.who.int/inf/en/pr-2002-10.html>.

Post-Earthquake Anxiety - Turkey

On 22 February, the International Federation of the Red Cross and Red Crescent Societies reported a continuing need for psychological support and counseling for thousands of people, who continue to live in tents outside their home after an earthquake measuring 6.0 on the Richter scale struck the western province of Afyon, Turkey earlier this month. More than 40 people were officially reported dead. Seismologists and media predictions that Turkey will face another major earthquake within the next 30 years have reportedly increased anxiety. The report is at <http://www.ifrc.org/docs/news/02/022201/>.

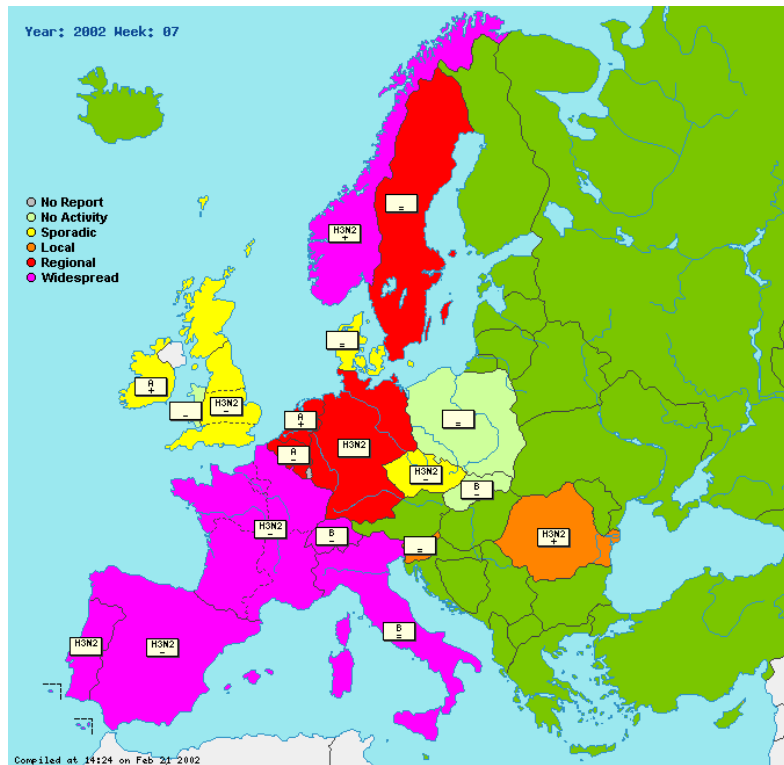
***E. coli* bacteremia - England and Wales**

On 21 February, the [CDR](#) Weekly reported that the number of *E. coli* bacteremia reports for 2001 was similar to that in 2000 at just over 11,000 cases; however, *Staphylococcus aureus* had replaced *E. coli* as the leading cause of bacteremia. Ciprofloxacin-resistance in *E. coli* isolates increased to six percent, which is consistent with the trend seen during the past few years. About 63 percent of *E. coli* isolates that were resistant to cefotaxime/ceftazidime were also resistant to ciprofloxacin, and 45 percent were resistant to gentamicin. The report is at <http://www.phls.org.uk/publications/CDR%20Weekly/PDF%20files/2002/cdr0802.pdf>

Influenza Surveillance – Europe

For week seven, 11-17 February, the [EISS](#) reported widespread influenza activity in seven countries: France, Italy, Norway, Portugal, Spain, and Switzerland. Weekly clinical morbidity rates were decreasing in all these countries except Norway. Four countries reported regional influenza activity: Belgium, Germany, the Netherlands, and Sweden. Weekly clinical morbidity rates were increasing in the Netherlands and Sweden, stable in Germany, and decreasing in Belgium. Local outbreaks of influenza were reported in Romania and Slovenia, and sporadic influenza activity was reported in

the Czech Republic, Denmark, England, Ireland, and Scotland. Influenza A was dominant in 11 networks of which eight reported the dominant subtype was H3N2. Influenza B was dominant in Italy, the Slovak Republic, and Switzerland. No cases of influenza A (H1N2) were reported during week seven. The report is at http://www.eiss.org/cgi-files/bulletin_v2.cgi?display=1&code=56&bulletin=56.



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

Nosocomial Malaria - England

On 21 February, the [CDR Weekly](#) reported that an elderly man developed *Plasmodium falciparum* malaria in late January after being admitted to an English hospital in late December 2001 for an orthopedic procedure. The patient had no known risk factors for malaria and so the infection was deemed to be a hospital-acquired infection. Investigations focused on health care workers (HCWs) who performed invasive procedures on the index patient and patients whose admission dates overlapped that of the index patient. No known malaria carriers were identified and all HCWs tested negative, except for one HCW who could not be located. This HCW had not worked in a hospital in the [UK](#) in the five months before employment at this hospital. Although the source of infection has not been identified, transmission is believed to have occurred from an infected HCW during an exposure prone procedure. The missing HCW was also employed in a second hospital. Patients from both hospitals are being traced and provided testing and given advice to seek medical attention if a fever develops during the following three months. This is the second case of hospital-acquired malaria in England during the past three years. The previous incident involved repeated use of a

bottle of intravenous saline contaminated with blood from a patient with malaria, which resulted in three cases of infection and one death. The report is at <http://www.phls.org.uk/publications/CDR%20Weekly/PDF%20files/2002/cdr0802.pdf>.

Pneumococcal Disease, 2001 - Norway

On 21 February, the Eurosurveillance Weekly reported that systemic pneumococcal disease has increased substantially since the mid 1980s in Norway. A similar trend is also occurring with other systemic streptococcal diseases, including both group A and group B disease. The reasons for this are unknown, as no significant changes have occurred in culture media/methods and reporting requirements. Norway health officials have recommended a 23-valent pneumococcal polysaccharide vaccine for persons over 65 years of age and all people in high-risk groups over two years of age. A seven-valent conjugated pneumococcal vaccine for children has recently been licensed but as yet has been used only on a few individuals in high-risk groups. Vaccination coverage is probably less than satisfactory, and the impact of immunization on the incidence of systemic pneumococcal disease is unknown. The report is at http://www.eurosurv.org/2002/pfp/020221_pfp.htm.

Polio - Angola / Zambia Border

A polio vaccination campaign is expected to begin in early March that will target all children less than five years of age in northwestern and western Zambia and eastern Angola. The campaign comes after three laboratory-confirmed cases of poliovirus type 1 were diagnosed in late December at Mambolomoka, a town in the Western Province of Zambia near the Angolan border. All three cases were children from one family. An estimated 15% of Angolan children have not been immunized due to conflict and insecurity in eastern Angola. The Global Polio Eradication Initiative was launched in 1988 when annual worldwide cases were 350,000. In 2001, fewer than 1,500 cases were reported from the ten remaining polio-endemic countries: Afghanistan, Angola, Egypt, Ethiopia, India, Niger, Nigeria, Pakistan, Somalia, and Sudan. The report is at <http://www.who.int/inf/en/WHO-UNICEF-pr-2002-01.html>.

Tetracycline-Resistant *Vibrio cholerae* - Madagascar

In the March 2002 issue of Emerging Infectious Diseases an investigator reported in a letter to the editor that 49 (69%) of 71 strains of *V. cholerae* isolated from November 2000 to March 2001 were tetracycline resistant. The authors emphatically stated that neither trimethoprim-sulfamethoxazole nor tetracycline, the two first-line drugs used in Madagascar, can be recommended any longer for treating severe cases of cholera. The authors further recommended the following: (1) abandon any systematic chemoprophylaxis, (2) advise only oral rehydration therapy, and (3) reserve antibiotic therapy for severe cases. The letter is at <http://www.cdc.gov/ncidod/eid/vol8no3/01-0258.htm>.

USJFCOM

Enrofloxacin Withdrawal - Poultry

On 20 February, the [FDA](#) announced a prehearing conference will be held on 8 April to discuss withdrawal of the approval of enrofloxacin use in chickens and turkeys for certain bacterial infections. The FDA proposed in October 2000 that the use of fluoroquinolones in poultry causes the development of fluoroquinolone-resistant *Campylobacter* bacteria in poultry, and that these bacteria are transferred to humans, which causes the development of fluoroquinolone-resistant *Campylobacter* in humans. The FDA stated that this constitutes a health hazard. The report is at <http://www.fda.gov/bbs/topics/ANSWERS/2002/ans01139.html>.

[FMD](#) Implications - US

On 26 February, the 2002 Military Veterinary Medical Seminar hosted a representative from the [USDA](#), who spoke on potential implications of FMD in the US and the planned use of US Army Veterinarians in any future US outbreak. According to Dr. Ty Vannieuwenhoven, an outbreak of FMD or some other highly contagious disease of livestock in the US could be several times larger than the one that occurred in the UK in 2001. Additionally, unlike other disasters, livestock disease outbreaks have an immediate national impact because of movement controls needed to stop its spread and potential trade implications internationally. Based on this threat and potential impact, the plan for a multiple-state outbreak was enhanced to include support from multiple agencies and levels of government, which would be coordinated, by [FEMA](#) and State emergency management to support agriculture. Unlike typical disasters whose response are directed by emergency managers, veterinarians would be the leaders of the response for these contingencies with emergency management's support. The UK employed 2,000 veterinarians in their FMD outbreak response. If a multiple state outbreak occurred in the US, veterinarians from many different agencies including those of the Uniformed Services would be utilized in roles ranging from national direction and policy decisions to surveillance for new outbreaks of the disease on individual farms.

[PCBs](#) Lawsuit - Alabama

On 22 February, the Associated Press reported that a Gadsden jury had ruled that Monsanto Company's Anniston plant had polluted an Alabama town with PCBs for 40 years prior to the plant closing in 1971. Monetary award will be decided at a later time. This decision will likely increase lawsuits involving PCB contamination. The report is at http://story.news.yahoo.com/news?tmpl=story&u=/ap/20020222/ap_on_re_us/pcbs_trial_6.

Radiopharmaceutical Product - [FDA](#) Approval

On 19 February, the FDA approved for the first time a monoclonal antibody that is combined with a radioactive chemical for the treatment of non-Hodgkin's lymphoma

(NHL). The product, Zevalin, is only approved for use in patients who have not responded to standard chemotherapy treatments or to the use of Rituxan, an already approved biotechnology product for NHL. The reason for this is that the Zevalin treatment regimen is more toxic than treatment with Rituxan. Approval of this novel treatment regime may herald further expansion in this area. The report is at <http://www.fda.gov/bbs/topics/ANSWERS/2002/ans01138.html>.

West Nile Virus (WNV) - Florida

On 18 February, the Florida Department of Health announced the first animal cases of WNV have been confirmed for this year. Confirmatory testing produced positive results for WNV in one wild turkey in Calhoun County, one sentinel chicken in Volusia County, and one hawk in Alachua County, and three horses in Marion County. No Florida counties are under alert at this time. Health officials are recommending vaccination of horses for both WNV and eastern equine encephalitis. The report is at http://www9.myflorida.com/Disease_ctrl/epi/htopics/arbo/alerts/2002/02-18-02.pdf.

USPACOM

Contaminated Prawns - Thailand

On 21 February, the Bangkok Post reported that freshwater prawn merchants were stuffing the heads of prawn with lead to increase their weight. Local public officials warned that the products were considered contaminated and cooking could melt the lead intensifying toxicity. The report is at http://www.bangkokpost.com/210202_News/21Feb2002_news08.html.

Field Epidemiology Training Program (FETP) - China

The [WHO](#), Pacific Regional Office, recently reported on China's FETP, which was established last October to better respond to the country's rapidly changing health situation. The FETP will produce 10 epidemiologists per year with a practical, field-oriented approach. The long-term goals of the program are to increase disease surveillance/control and outbreak investigation/response capacities. The growing diseases targeted are HIV/AIDS, TB, and noncommunicable diseases. The report is at http://www.wpro.who.int/images/newspdf/nletter_WHOinAXN_JAN_2002.pdf.

Influenza Pandemic Preparedness Plan - New Zealand

On 21 February, the New Zealand Ministry of Health announced that Exercise Virex had ended on 14 February and involved around 400 participants. Exercise Virex, which took nine months to plan, was designed to test New Zealand's Influenza Pandemic Preparedness Plan. The final report on the exercise is due to the Minister of Health in March. International interest in the exercise has been expressed from WHO members from Australia, Europe, and the US. The report is at <http://www.scoop.co.nz/mason/stories/GE0202/S00040.htm>.

Pneumonic Plague - India

On 20 February, the [WHO](#) reported that as of 19 February a total of 16 cases (four deaths) of pneumonic plague had occurred in Hat Koti village, Shimla district, Himachal Pradesh state since the onset of the outbreak on 4 February. The last reported case had a date of onset of 8 February. All cases were linked to residents of one hamlet. Local public health officials are fumigating the affected villages; providing chemoprophylaxis to contacts, residents of the affected and neighboring village, and to health care workers; and providing health education. The WHO recommends no special restrictions on travel or trade to or from India. The report is at <http://www.who.int/disease-outbreak-news/n2002/february/20february2002.html>.

TB - East Asia

On 19 February, the [WHO](#), Western Pacific Region, reported that aging populations and migration are increasing TB rates in East Asia's more developed nations of Japan, Hong Kong (China), and Singapore. These locations have high TB rates as compared with European nations of a similar gross domestic product. Japan, which has more elderly people than children, has one of the world's highest TB rates for a developed nation. Many of the elderly with TB in East Asia were probably infected when young, at a time when TB was rampant in these countries. Other countries, including some with the highest rates of infection, are cutting back on anti-TB programs due to funding deficits. These countries include China, Cambodia, Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, and Viet Nam. If treatment is interrupted or cut short, many patients will develop drug-resistant TB, which can be prohibitively expensive, far more difficult to treat, and potentially incurable. The WHO warned that TB could infect up to three million more people in East Asia due to lack of funding. The reports are at http://www.wpro.who.int/public/press_release/press_view.asp?id=210 and http://www.wpro.who.int/public/press_release/press_view.asp?id=208.

USSOUTHCOM

Dengue Fever - Brazil

On 22 February, the Miami Herald reported that more than 1,600 cases of dengue fever are being reported daily in Brazil's Rio de Janeiro State, which puts the total number of cases at over 37,000 (14 deaths) for this year. The state governor has reportedly deployed 1,000 soldiers and 5,000 firefighters to eradicate mosquito-breeding areas in the Rio de Janeiro state, which has a population of 13 million.

Flooding - Bolivia

The Pan American Health Organization reported that on 19 February, torrential rains with hail struck La Paz, Bolivia with such intensity that within 45 minutes, a large portion of the city was flooded. Some areas of La Paz reported water depth at two meters (6.5 feet). At least 69 persons were killed and about 100 injured in the worst rainstorm to hit

this area in the 50 years the Bolivian National Meteorological Service has kept records. Landlocked Bolivia is the poorest, highest and most isolated country in South America. An increase in infectious diseases can be associated with severe flooding. The report is at http://www.paho.org/English/PED/floods_Bolivia.htm.

Malaria and Dengue Fever - Cuba

On 22 February, the Miami Herald reported that Cuban health officials and US military medical personnel met on 8 February to reassure each other regarding Cuban efforts to control the dengue fever outbreak on the island and US efforts to limit the spread of malaria from four of the 300 detainees at Camp X-Ray. The nearest known dengue fever case to Guantanamo Bay Naval Base is reportedly more than ten miles away.

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

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

ACRONYMNS

ACIP - Advisory Committee on Immunization Practices
AFMIC - Armed Forces Medical Intelligence Center
AFPS – American Forces Press Service
AIDS – Acquired Immunodeficiency Syndrome
APHIS – Animal and Plant Health Inspection Service
BSE – Bovine Spongiform Encephalopathy
CBRN – Chemical, Biological, Radiological, and Nuclear
CDC – Centers for Disease Control and Prevention
CDR – Communicable Disease Report (England)
CIA – Central Intelligence Agency
CME - Continuing Medical Education
CONUS – Continental United States
DARPA – Defense Advanced Research Projects Agency, the central research and development organization for the Department of Defense
DHHS – Department of Health and Human Services
DoD - Department of Defense
DOE – Department of Energy
DOS – Department of State
DOT – Department of Transportation
ECG - Electrocardiogram
EISS – European Influenza Surveillance Scheme
EPA – Environmental Protection Agency
ESSENCE – Electronic Surveillance System for the Early Notification of Community-Based Epidemics
FBI – Federal Bureau of Investigation
FCC - Federal Communications Commission
FDA – Food and Drug Administration
FEMA – Federal Emergency Management Agency
FMD – Foot and Mouth Disease
FSIS – Food Safety Inspection Service
FTC - Federal Trade Commission
GAO – US General Accounting Office
GEIS – Global Emerging Infections System
HACCP – Hazard Analysis Critical Control Points
HIV – Human Immunodeficiency Virus
IAEA – International Atomic Energy Agency
ICBM – Intercontinental Ballistic Missile
IDP – Internally Displaced Persons
ILI – Influenza-Like Illness
ICRC – International Committee of the Red Cross
IRCS – International Red Cross Society
JAMA - Journal of the American Medical Association
JTF-CS – Joint Task Force – Civil Support http://www.jfcom.mil/About/com_jtfc.htm

K-FOR – Kosovo Forces, a [NATO](#)-led international peace enforcement force that entered Kosovo on 12 June 99 under a [UN](#) mandate. <http://www.kforonline.com/>

MMR - Measles, Mumps, and Rubella

MRSA - Methicillin Resistance *Staphylococcus aureus*

NAS – National Academy of Sciences

NATO – North Atlantic Treaty Organization

NCI – National Cancer Institute

NEJM – New England Journal of Medicine

NICHHD – National Institute of Child Health and Human Development

NIH – National Institutes of Health

NIOSH – National Institute for Occupational Safety and Health

NPIC – National Pesticide Information Center

NRC – Nuclear Regulatory Commission

OIE – World Organisation [sic] for Animal Health

OSHA - Occupational Safety and Health Administration

PA – Protective Antigen

PCBs - Polychlorinated Biphenyls; more info is at EPA: <http://www.epa.gov/opptintr/pcb/>

PCR – Polymerase Chain Reaction

PHLS – Public Health Laboratory Service

PHS – Public Health Service

PPE – Personal Protective Equipment

RSV – Respiratory Syncytial Virus

TB – Tuberculosis

UK – United Kingdom – England, Northern Ireland, Scotland, and Wales

UN – United Nations

UNHCR – United Nations High Commissioner for Refugees

USAID - United States Agency for International Development

USAMRIID – United States Army Medical Research Institute for Infectious Diseases

USDA – United States Department of Agriculture

USPSTF – United States Preventive Services Task Force

vCJD - variant Creutzfeldt-Jakob Disease

VOA – Voice of America, an international multimedia broadcasting service funded by the US Government

WHO – World Health Organization

WMD – Weapons of Mass Destruction