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NAVAL MEDICAL SURVEILLANCE REPORT N M S R

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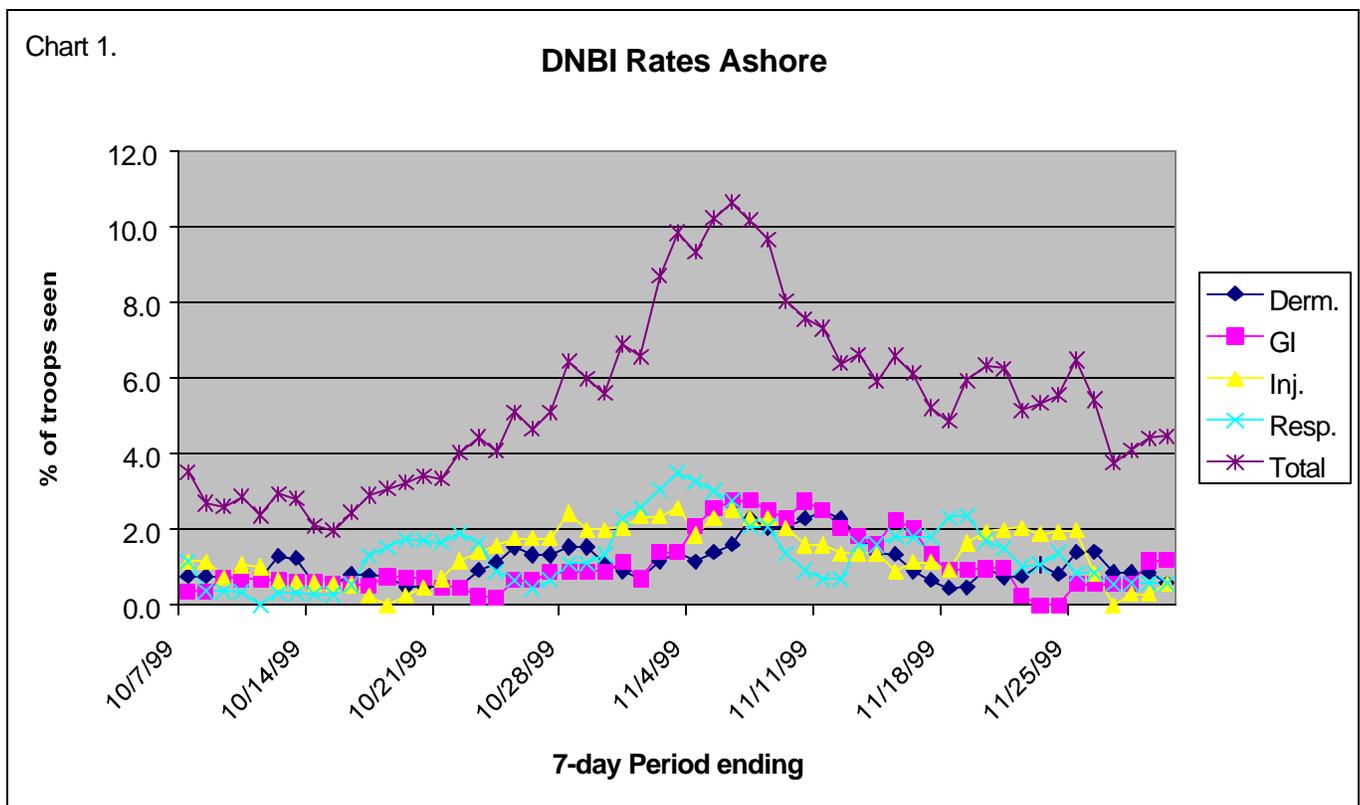
Data in the NMSR are provisional, based on reports and other sources of data available to the Navy Environmental Health Center. Notifiable conditions are classified by date of report. Only cases submitted as confirmed are included.

DNBI Surveillance During Operations in Support of East Timor

CDR Jeff Yund, MC, USN

CDR Jeff Yund and HMC Michael Duran from Navy Environmental and Preventive Medicine Unit 6 were deployed to Commander, US Forces INTERFET, in Australia and East Timor, from late September through early December, 1999. CDR Yund was assigned as Force Health Protection Officer. Disease and non-battle injury (DNBI) data were collected daily during October and November. Having daily data allowed calculation of DNBI

rates for running 7-day periods, which permitted more frequent scrutiny of trends than with typical weekly reporting. Daily data collection was made possible, in part, by the relatively low total troop strength (range 255-511) and the small number of reporting sites (3 to 4). Daily data collection would, of course, be much more difficult in a large operation with thousands of troops and more numerous reporting sites.



Naval Medical Surveillance Report

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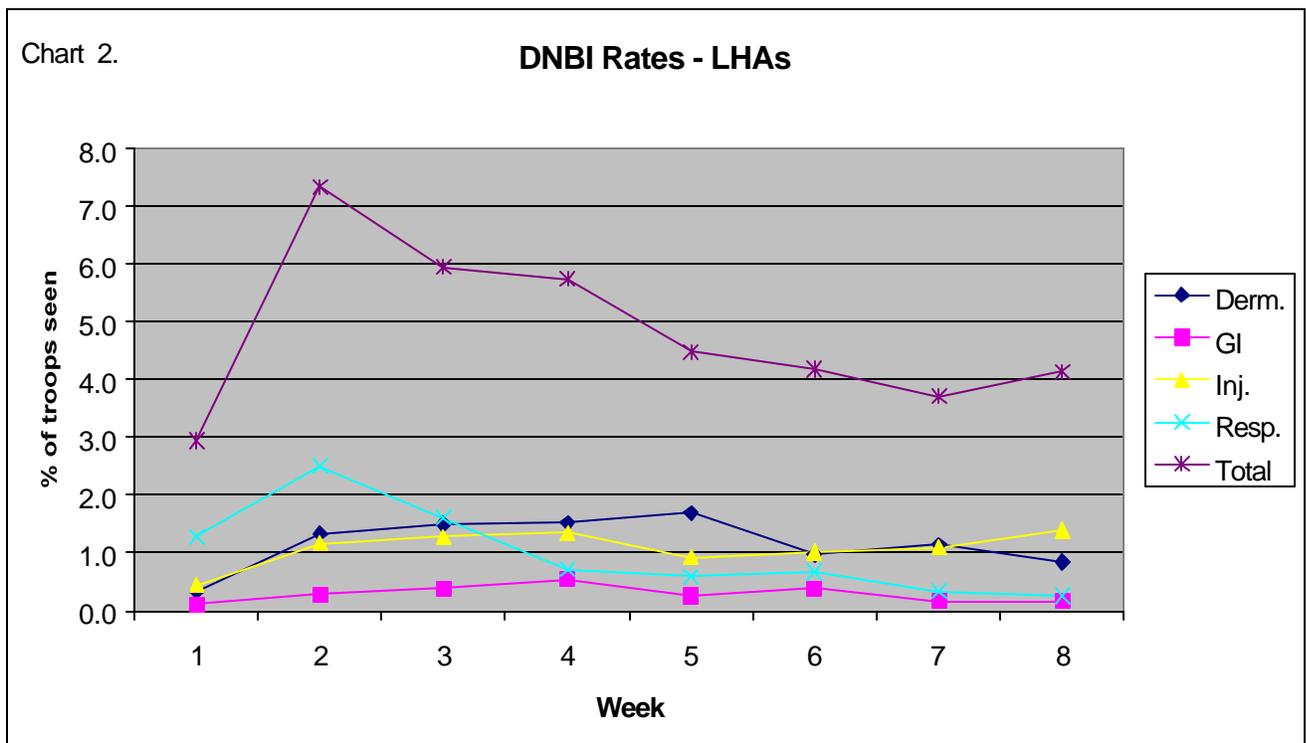
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Views and opinions expressed are not necessarily those of the Department of the Navy.

The Total DNBI rate ashore for the running 7-day period rose past 6% and continued to its peak of almost 11% during the first week of November. During this time, respiratory illness was common, with 7-day rates peaking above 3% (almost all URIs). Also during this time, initial GI visits rose rapidly from under 1% to nearly 3%. Simple gastroenteritis predominated, although there were a few cases of mild dysentery as well. It was during this time that concern arose because of sanitary conditions in the (non-U.S.) military chow hall where almost all U.S. troops were taking meals in Dili.

Two LHAs supported COMUSF INTERFET during October and November. Weekly DNBI data were collected by shipboard medical personnel during this time. Chart 2 shows the data for 4 leading DNBI categories. GI rates were generally low; the shipboard population did not experience a significant rise in GI illness as the ground troops did. The LHA population experienced work injuries at a lower rate than that of the ground force (up to 1.5% compared with up to 3%). Respiratory illness rates were similar for the two populations (roughly up to a peak of 3%). Dermatologic DNBI on the ships was .3 to 1.7%, compared with .5 to 2.5% ashore. Total DNBI



Furthermore, GI illness was not evenly distributed between troops in Darwin and those in Dili. Chart 1 shows GI illness in all U.S. troops ashore, but the rate was higher for those in Dili. On Nov. 4, a decision not to continue eating in the chow hall was made by the U.S. commander in Dili. This decision was not driven primarily by DNBI data, but the upward trend in GI illness provided supporting evidence. There was also anecdotal evidence of high rates of GI illness in troops of the country which operated the chow hall. After the first week of November, the GI illness rate fell gradually, possibly because of the switch from the chow hall to MREs.

ranged from 3 to 7.3% (average 4.8%) afloat, compared with 2 to 10.7% ashore (average 5.4%).

While no major mission-compromising disease or injury trends were identified through DNBI surveillance during the reported interval, baseline DNBI data from this and other operations may serve as a useful comparison for future deployments. Daily DNBI data collection was manageable for this small operation, and allowed more frequent appraisal of trends in the health of the population than is possible with weekly reporting. Others are encouraged to utilize daily DNBI collection in order to gain more experience with its advantages and disadvantages.

NAVY DISEASE REPORTING SYSTEM (NDRS)

Summary of 1999 Data

Tables 1 and 2 display the Medical Event Reports (MERs) received at Navy Environmental Health Center (NEHC) for 1999. Interested readers may calculate rates by dividing the

frequencies by estimated mid-year strength of 369,993 for USN and 174,000 for USMC. Table 1 shows active duty only. Table 2 shows non active duty beneficiaries.

Table 1. Reportable Diseases ,Combined Navy & Marine Corps Active Duty, Case Frequencies, 1999								
Disease	Total	USN	USMC	Disease	Total	USN	USMC	USMC
Amebiasis	0	0	0	Meningococcal disease	2	2	0	0
Anthrax	0	0	0	Mumps	3	3	0	0
Bites, Non-venomous rabies vax given	75	42	33	Occ HIV exposure	4	4	0	0
Bites, Venomous	6	1	5	Onchocerciasis	0	0	0	0
Botulism	0	0	0	Paratyphoid Fever	0	0	0	0
Brucellosis	0	0	0	Pertussis	2	2	0	0
Campylobacter	13	9	4	Plague	0	0	0	0
Chancroid	1	1	0	Poliomyelitis	0	0	0	0
Coccidioidomycosis	4	4	0	Psittacosis	0	0	1	1
Dengue Fever	0	0	0	Q Fever	0	0	0	0
Diphtheria	0	0	0	Rabies Human	0	0	0	0
Ehrlichiosis	3	1	2	Relapsing Fever	0	0	0	0
Encephalitis	1	1	0	Rheumatic Fever	0	0	0	0
Filariasis	0	0	0	Rift Valley Fever	0	0	0	0
Giardiasis	24	18	6	RMSF	2	0	2	2
Gullian-Barre Syndrome	0	0	0	Rubella	0	0	0	0
Hepatitis A	1	1	0	Salmonellosis	30	17	13	13
Hepatitis B	14	10	4	Schistosomiasis	0	0	0	0
Hepatitis C	5	4	1	Shigellosis	4	3	1	1
H Flu, Invasive	0	0	0	Smallpox	0	0	0	0
Influenza (outbreak only)	0	0	0	Strep, Invasive	6	1	5	5
Lassa Fever	0	0	0	Syphilis	26	16	10	10
Legionellosis	10	01	0	Tetanus	0	0	0	0
Leishmaniasis	0	0	0	Toxic Shock Syndrome	1	1	0	0
Leprosy (Hansen's Disease)	0	0	0	Toxoplasmosis	0	0	0	0
Leptospirosis	0	0	5	Trichinosis	0	0	0	0
Listeriosis	1	1	0	Trypanosomiasis	0	0	0	0
Lyme Disease	23	6	17	Tuberculosis (Pulmonary)	30	21	9	9
Lymphogranuloma Venereum	8	1	7	Tularemia	0	0	0	0
Malaria	10	5	5	Typhoid Fever	0	0	0	0
Measles	3	2	1	Typhus	0	0	0	0
Meningitis (viral)	51	33	18	Yellow Fever	0	0	0	0

Errata - "There have been no reported cases of smallpox. The 1 case appearing in Table 1 of Vol.2 No 3 (p.a) of the NMSR is a typographical error. We apologize for this misprint which has been brought to our attention by several alert readers.

Table 2. Reportable Diseases, Combined Navy & Marine Corps Beneficiaries, Case Frequencies, 1999

Disease	TOTAL	USN	USMC	Disease	TOTAL	USN	USMC
Amebiasis	0	0	0	Meningococcal disease	0	0	0
Anthrax	0	0	0	Mumps	1	0	1
Bites, Non-venomous rabies vax given	197	54	123	Occ HIV exposure	0	0	0
Bites, Venomous	02	0	2	Onchocerciasis	0	0	0
Botulism	0	0	0	Paratyphoid Fever	0	0	0
Brucellosis	0	0	0	Pertussis	0	0	0
Campylobacter	10	6	4	Plague	0	0	0
Chancroid	0	0	0	Poliomyelitis	0	0	0
Coccidioidomycosis	36	6	0	Psittacosis	0	0	0
Dengue Fever	0	0	0	Q Fever	0	0	0
Diphtheria	0	0	0	Rabies Human	0	0	0
Ehrlichiosis	1	0	1	Relapsing Fever	0	0	0
Encephalitis	4	3	1	Rheumatic Fever	0	0	0
Filariasis	0	0	0	Rift Valley Fever	0	0	0
Giardiasis	35	31	4	RMSF	0	0	0
Gullian-Barre Syndrome	0	0	0	Rubella	0	0	0
Hepatitis A	6	4	2	Salmonellosis	72	34	38
Hepatitis B	7	5	2	Schistosomiasis	0	1	0
Hepatitis C	0	0	0	Shigellosis	7	6	1
H Flu, invasive	0	0	0	Smallpox	0	0	0
Influenza (outbreak only)	0	0	0	Strep, Invasive	4	2	2
Lassa Fever	0	0	0	Syphilis	6	3	3
Legionellosis	1	1	0	Tetanus	0	0	0
Leishmaniasis	0	0	0	Toxic Shock Syndrome	1	1	0
Leprosy (Hansen's Disease)	0	0	0	Toxoplasmosis	0	0	0
Leptospirosis	0	0	0	Trichinosis	0	0	0
Listeriosis	0	0	0	Trypanosomiasis	0	0	0
Lyme Disease	13	9	4	Tuberculosis (Pulmonary)	14	14	0
Lymphogranuloma Venereum	0	0	0	Tularemia	0	0	0
Malaria	1	1	0	Typhoid Fever	0	0	0
Measles	1	1	0	Typhus	0	0	0
Meningitis (viral)	48	34	14	Yellow Fever	0	0	0

Reporting from Deckplate to NEPMUs to NEHC in 1999

Figure 1 shows the distribution of reports forwarded by Navy Environmental and Preventive Medicine Units (NEPMUs). Table 1 represents the origin of reports received from NEPMUs during 1999. The bulk of the reports were from NEPMU 2, Norfolk. The area of responsibility (AOR) of this unit includes two of the largest military treatment facilities (NNMC Bethesda and the NMC Portsmouth). NEPMU 5 in San Diego has the other large MTF (NMC San Diego) within its AOR. Reports were also received from major operational medical departments (i.e., USS

CARL VINSON (CVN-70)) to the NEPMUs as they passed through their AORs. NEPMUs received reports from 53 sites, as the electronic system becomes more established we expect to see an increase in participating MTF's and operational units. We already see widespread participation in just the second full year of NDRS implementation. We ask readers to review table 1 and to advise your cognizant NEPMU if there are reports which were sent but are not represented in the table.

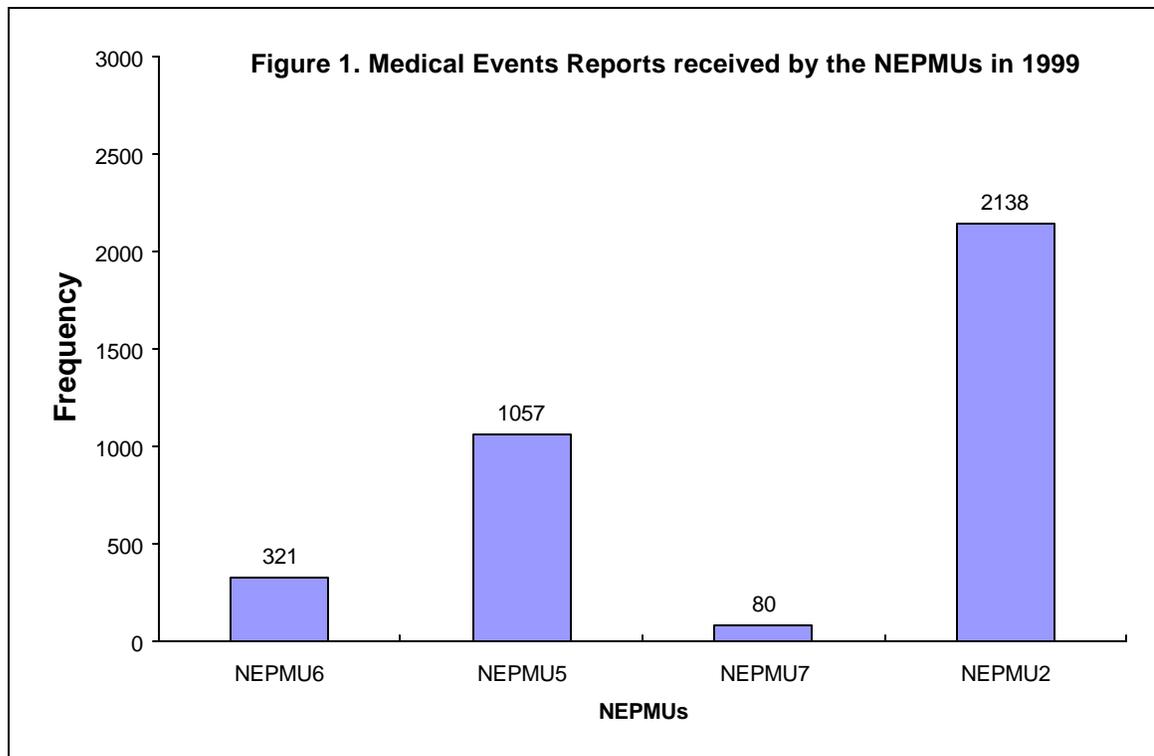


Table 1. Reporting from Deckplate to NEPMU to NEHC, Active duty, Navy and Marine Corps combined 1 Jan 1999 through 31 Dec 1999

UIC	Ship/Station	NEPMU6	NEPMU5	NEPMU7	NEPMU2	AD Total
00039	COMSPAWARSCOM WASHINGTON DC		13			13
00162	NAVMEDCLINIC ANNAPOLIS MD				1	1
00168	NATNAVMEDCEN BETHESDA MD				78	78
00183	NAVMEDCEN PORTSMOUTH VA				131	131
00203	NAVHOSP PENSACOLA FL				30	30
00211	NAVHOSP GREAT LAKES IL				4	4
00231	NAVMEDCLINIC QUANTICO VA				62	62
00232	NAVHOSP JACKSONVILLE FL				78	78
00259	NAVMEDCEN SAN DIEGO CA		650			650
00545A	NAVENPVNTMEDU SIX	1				1
00546A	NAVENPVNTMEDU FIVE		3			3
03364	USS CONSTELLATION (CV 64)		19			19
03365	USS ENTERPRISE (CVN 65)				33	33
03368	USS NIMITZ (CVN 68)				11	11
03369	USS DWIGHT D EISENHOWER (CVN 69)				24	24
0620A	NAVHOSPCORPSCOL GREAT LAKES IL				1	1
20550	USS TARAWA (LHA 1)		1			1
20633	USS BELLEAU WOOD (LHA 3)			1		1
20748	USS PELELIU (LHA 5)		2			2
20993	USS CARL VINSON (CVN 70)	13	4	72		89
21247	USS THEODORE ROOSEVELT (CVN 71)				5	5
21388	USS LEYTE GULF (CG 55)				1	1
21412	USS GEORGE WASHINGTON (CVN 73)				45	45
21560	USS WASP (LHD 1)				1	1
32510	BRMEDCLINIC NAVSTA NORFOLK VA				320	320
32528	BRMEDCLINIC NAS OCEANA VA				113	113
32529	BRMEDCLINIC NAVPHIBASE LCREEK VA				50	50
32563	BRMEDCLINIC WNY WASHINGTON DC				5	5
32575	BRMEDCLINIC MAYPORT FL				15	15
32633	BRMEDCLINIC LAKEHURST NJ				3	3
32643	BRMEDCLINIC KEY WEST FL				5	5
32647	BRMEDCLINIC KINGSVILLE TX				12	12
35275	BRMEDCLINIC IWAKUNI JA	24				24
35949	NAVHOSP TWENTYNINE PALMS CA		63			63
39167	BRMEDCLINIC NAS MERIDIAN MS				7	7
45237	BRMEDCLINIC BANGOR WA		10			10
48488	NAVMEDCLINIC KINGS BAY GA				6	6
61564	NAVHOSP GUANTANAMO BAY CU				20	20
61726	NAVHOSP GROTON CT				19	19
62997	NAVENPVNTMEDU SEVEN SIGONELLA IT			7		7
65428	NAVHOSP ROOSEVELT ROADS PR				3	3
66095	NAVHOSP LEMOORE CA		58			58
66098	NAVHOSP PATUXENT RIVER MD				11	11
66898	NAVMEDCLINIC NEW ORLEANS LA				8	8
67448	CG FIRST MARDIV		35			35
68086	NAVHOSP NEWPORT RI				1	1
68093	NAVHOSP CAMP LEJEUNE NC				1038	1038
68095	NAVHOSP BREMERTON WA		199			199
68096	NAVHOSP GU	5				5
68098	NAVMEDCLINIC PEARL HARBOR HI	121				121
68292	NAVHOSP YOKOSUKA JA	17				17
68470	NAVHOSP OKINAWA JA	135				135
68539	NAVSUPPFAC DIEGO GARCIA	4				4
Grand Total		321	1057	80	2138	3598

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