THE ASSISTANT SECRETARY OF DEFENSE

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HEALTH AFFAIRS

JUL 11 2002

MEMORANDUM FOR THE ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (SAF/MI)

SUBJECT: Policy for West Nile Virus Surveillance at Military Installations

Since the summer of 1999, West Nile Virus (WNV) encephalitis has become the second leading cause of arboviral encephalitis in the United States. This memorandum updates the DoD policy for WNV surveillance. A summary of WNV in the US and DoD since 1999 is attached. The results of calendar year (CY) 2001 surveillance efforts indicated that WNV has spread to most states along the eastern seaboard and westward to Louisiana, Missouri, Arkansas, and Illinois. It is expected to continue to spread westward. Military installations located in areas where the West Nile Virus has been identified should be prepared to conduct surveillance and prevention efforts in coordination with state and local health departments.

Each Service should develop WNV surveillance and prevention plans appropriate for the region and installation in conjunction with local public health programs already in place. The U.S. Army North Atlantic Regional Medical Command has developed 2001 guidelines that can be used as a general template. This document and other WNV information and POC listings can be viewed at the DoD-Global Emerging Infections System (GEIS) website at http://www.geis.ha.osd.mil.

WNV surveillance data from military installations will continue to be collected in CY2002. Similar to last year, all WNV surveillance findings need to be reported directly to the appropriate local/state health department for inclusion in the state and CDC database. The state health departments will be responsible for forwarding this information to the CDC. However, all military treatment facilities (MTFs) should report any positive human cases directly to the CDC in addition to reporting them to the state and DoD-GEIS. To assist with planning, the CDC issued updated guidelines in April 2001. This document, "Epidemic/Epizootic West Nile Virus in the United States: Revised Guidelines for Surveillance, Prevention, and Control" can be found on the CDC website at http://www.cdc.gov/ncidod/dvbid/westnile/resources/wnv-guidelines-apr-2001.pdf. In addition, information from the March 2002 National Planning Meeting is available on the CDC website at http://www.cdc.gov/ncidod/dvbid/westnile/conf/index.htm.

As in CY 2000 and 2001, the U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM)–North Entomological Sciences Division will again provide mosquito testing for the DoD. The point of contact to submit specimens for testing is LTC Charles (Gene) Cannon at 301-677-3466 or Mr. Ben Pagac at 301-677-3962 (DSN 923). Installations may also choose to submit mosquitoes for testing through state public health laboratories. Surveillance data from these installations should still be submitted to the CHPPM-North for inclusion in overall DoD surveillance reports. Mosquito and bird surveillance data will be compiled by CHPPM–North and forwarded to DoD-GEIS for reporting to this Office and the Services.

Installations will conduct avian morbidity and mortality surveillance. Avian testing may be coordinated through the United States Geological Survey (USGS) or through state public health laboratories. CHPPM-North will obtain bird testing results from the USGS. Results of

avian testing through local and state public health laboratories will need to be reported to CHPPM-North for inclusion in the DoD report.

Surveillance for West Nile infection in government-owned horses will be done through military Veterinary Treatment Facilities. Horse surveillance data should be reported to DoD-GEIS via the Regional Veterinary Commands. The POC for horse surveillance is MAJ Steve Osborn, (210) 221-8702/7975 (DSN 471).

Serological testing of suspected clinical cases should be considered when the index of suspicion is high for West Nile virus infection, or when febrile illness rates in risk areas are high and the viral prevalence in mosquitoes is high. The Services should ensure providers receive education on both the clinical aspects of WNV and pertinent reporting requirements. Testing of human specimens is available at the US Army Medical Research Institute of Infectious Diseases (USAMRIID), Fort Detrick, MD or at many state public health laboratories. MTFs may choose either one for testing of their specimens. The point of contact at USAMRIID is Dr. George Ludwig at 301-619-4941 or DSN 343-4941. The serological test results should be reported to DoD-GEIS IAW Service-specific reporting instructions. The Services should continue to report cases of encephalitis to the Defense Medical Surveillance System (DMSS) through their respective reportable events reporting systems.

DoD-GEIS will compile and summarize all DoD WNV surveillance data and submit monthly reports and a final summary report to this office. The points of contact at DoD-GEIS are CDR Clara Witt at (301) 319-9743 (DSN 285) and Mary Brundage at 301-319-9769 (DSN 285).

My point of contact at Health Affairs is COL Benedict Diniega, (703) 681-1711.

William Winkenwerder, Jr., MD

Attachment:
As stated

cc:
Joint Staff (MRD-4)
Army Surgeon General
Air Force Surgeon General
Navy Surgeon General
Surgeon, HQ, Marines
Medical Director, US Coast Guard
Executive Director, TMA

A SUMMARY OF WEST NILE VIRUS IN THE UNITED STATES AND THE DEPARTMENT OF DEFENSE.

Since the summer of 1999, West Nile Virus (WNV) encephalitis has become the second leading cause of arboviral encephalitis in the United States. In 1999, 62 cases of severe disease with 7 deaths occurred in New York State. In CY 2000, New York, New Jersey and Connecticut reported a total of 21 human cases with 2 deaths. The case fatality rates vary from 3 to 15 percent with the highest rates in the elderly. The virus was isolated in 2000 from mosquitoes, birds and a variety of mammals along the East Coast from Vermont and New Hampshire in the north to North Carolina in the south. In 2001, 66 human cases and 9 human fatalities were reported in addition to 7,338 positive dead birds in 27 states and the District of Columbia, 731 positive horses in 20 states, and 918 positive mosquito pools from 16 states and the District of Columbia.

In 2000, the Centers for Disease Control and Prevention (CDC) coordinated surveillance of mosquitoes, birds and other animals, and humans. Mosquito data from military installations were submitted by CHPPM-North to state public health departments for inclusion in state surveillance reports. Dead birds from military installations were sent to the United States Geological Survey (USGS) for analysis, and the data were submitted by the USGS to the state public health departments for inclusion in state surveillance reports. These same data were collected weekly by the DoD Global Emerging Infections System (DoD-GEIS). Data from DoD installations appeared as part of the states' data in which the installation is located.

In 2001, USACHPPM-North tested 7,288 mosquito pools (containing 55,467 mosquitoes) collected on 44 DoD facilities. Two of those pools tested positive for WNV (Fort McPherson in Atlanta, GA, and Fort Hamilton in New York City, NY). In addition, 34 dead birds submitted from DoD facilities in Maryland, Pennsylvania, Maine, Ohio, New York, New Jersey, Virginia, Georgia, Florida, and the District of Columbia tested positive for WNV.

WNV surveillance has already begun for 2002. Positive mosquito pools and birds have been found earlier than in previous years. In addition, early data indicate that WNV continues to spread westward.