



PH Shop Talk

Volume 4, Issue 2

Apr-Jun 2003

Publications Corner:

- **AFI 48-105 Control of Communicable Diseases:** Final Coordination
- **AFI 48-20 Hearing Conservation Program:** Putting together an SME panel to review
- **AFPD 48-1, Aerospace Medicine Program:** Under review by TA IPT
- **AFI 48-101, Aerospace Medicine Operations:** Under review by TA IPT
- **AFI 48-116, Food Safety Program:** MAJCOM review
- **AFI 10-246, Food and Water Protection:** Draft in coordination at HQ USAF.

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Deployment Health Surveillance

New guidance has recently been distributed from both DoD Health Affairs and USAF/SG concerning the Deployment Health Surveillance Program. The DoD policy can be found at the following web site: <http://www.pdhealth.mil/main.asp>.

The base level and MAJCOM reporting is as follows: Number of personnel who returned from deployment and, of these, number who: Completed checklist items; Require clinical evaluation and referral visit and, of these, number who: Completed initial clinical evaluation/referral visit; Returned from JCS-defined deployment and, of these, number

who: Have a completed DD Form 2796 sent to AMSA (reflects completion for those requiring assessment; approximates entry into DoD database) and Had a serum sample collected within 30 days of return (reflects collection for those requiring it; approximates entry into DoD repository).

The following are the reporting suspense's established: Bases begin monthly reporting in Jun 03; MAJCOMS reports are due to HQ on the first Thursday of each month; and MAJCOMS submit the Command totals, don't report MTF-level data (separate line items)...HQ needs the data compiled. Monthly reports will include data separated into two time pe-

riods based on when personnel returned:

Current month: most recent full calendar month; Example, for report due in July, *current month* is Jun 03. Reflects personnel we are processing now. **1**

Mar 03 through prior month: time period from beginning of requirement to verify compliance through month preceding *current month*. Example, for report due in June, period is 1 Mar 03 through April 03. Reflects personnel expected to complete requirements. If you have any questions concerning this very important program contact your MAJCOM functional representative for further details.

SARS

Severe acute respiratory syndrome (SARS) is a respiratory illness that has recently been reported in Asia, North America, and Europe. The Centers for Disease Control put together a fact sheet on SARS. This fact sheet provides basic information about the disease and

what is being done to combat its spread.

SYMPTOMS: In general, SARS begins with a fever greater than 100.4°F [$>38.0^{\circ}\text{C}$]. Other symptoms may include headache, an overall feeling of discomfort, and body aches. Some people also experience mild respiratory symptoms. After 2 to 7 days, SARS patients

may develop a dry cough and have trouble breathing.

SPREAD: The primary way that SARS appears to spread is by close person-to-person contact. Most cases of SARS

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SARS Continued

have involved people who cared for or lived with someone with SARS, or had direct contact with infectious material (for example, respiratory secretions) from a person who has SARS. Potential ways in which SARS can be spread include touching the skin of other people or objects that are contaminated with infectious droplets and then touching your eye (s), nose, or mouth. This can happen when someone who is sick with SARS coughs or sneezes droplets onto them-

self, other people, or nearby surfaces. It also is possible that SARS can be spread more broadly through the air or by other ways that are currently not known.

Who is at risk for SARS?

Most of the U.S. cases of SARS have occurred among travelers returning to the United States from other parts of the world with SARS. There have been very few cases as a result of spread to close contacts such as family members and health care workers. Currently, there is no evidence that SARS is spreading more widely in the community in

the United States.

CAUSE: Scientists at CDC and other laboratories have detected a previously unrecognized coronavirus in patients with SARS. The new coronavirus is the leading hypothesis for the cause of SARS.

For more information and the most up to date information...please visit the web site at the Centers for Disease Control or the World Health Organization.

CDC:
<http://www.cdc.gov/ncidod/sars>

WHO:
<http://www.who.int/csr/sars/en/>

Monkeypox

Monkeypox is a rare viral disease that is found mostly in the rainforest countries of central and west Africa. The disease is called "monkeypox" because it was discovered in laboratory monkeys in 1958. Studies of animals in Africa later found serologic evidence of infection in ground squirrels, which are thought to have an important role as a natural host for the disease. Laboratory studies showed that monkeypox infection also can occur in rats, mice, and rabbits. In 1970, monkeypox was identified as the cause of a smallpox-like illness in humans in remote African locations. In early June 2003, monkeypox was reported among several residents in the United States who became ill after having contact with sick prairie dogs. This is the first evidence of commu-

nity-acquired monkeypox virus infection in the United States. The disease is caused by *Monkeypox virus*, which belongs to the orthopoxvirus group of viruses. Other viruses in this group that can cause infection in humans include variola (smallpox), vaccinia (used in smallpox vaccine), and cowpox viruses.

Signs and Symptoms: In humans, the clinical features of monkeypox are similar to those of smallpox, except that swelling of lymph nodes is associated with monkeypox. About 12 days after exposure, the illness begins with fever, headache, muscle aches, backache, swollen lymph nodes, a general feeling of discomfort, and exhaustion. Within 1 to 3 days (sometimes longer) after onset of fever, the patient develops a papular rash (i.e., raised bumps), often first on the face but sometimes initially on other parts of the body. The lesions usually develop through several stages before crusting and falling off. The illness typically lasts for 2 to 4 weeks. In Africa, monkeypox is fatal in as many as 10% of people who get the disease; the case

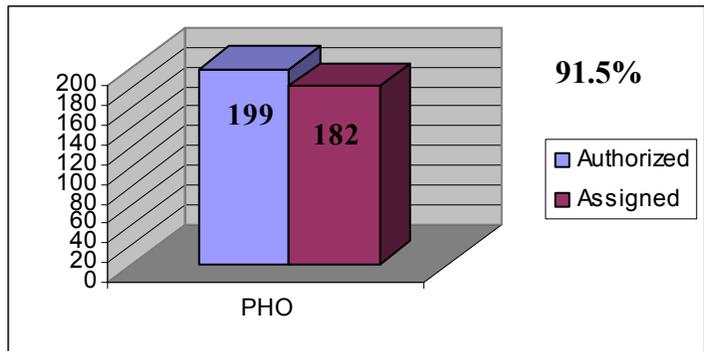
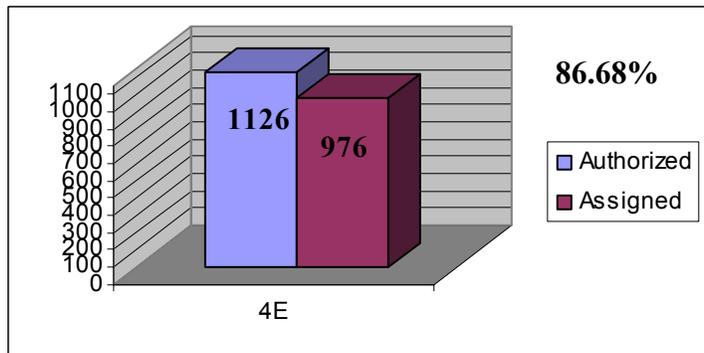
fatality ratio for smallpox was about 30% before the disease was eradicated. People can get monkeypox from an infected animal through a bite or direct contact with the infected animal's blood, body fluids, or lesions. The disease also can be spread from person to person, but it is much less infectious than smallpox. The virus is thought to be transmitted by large respiratory droplets during direct and prolonged face-to-face contact. In addition, monkeypox can be spread by direct contact with body fluids of an infected person or with virus-contaminated objects, such as bedding or clothing. There is no specific treatment for monkeypox. Smallpox vaccine has been reported to reduce the risk of monkeypox among previously vaccinated persons in Africa. The potential role of smallpox vaccine in persons who have been exposed to monkeypox is being assessed. Antiviral drugs, such as cidofovir, are being evaluated for the treatment of monkeypox.



We are on the web...<http://wwwsam.brooks.af.mil/eh/>

A Public Health Family Publication

STAFFING FOR PUBLIC HEALTH



Final Thoughts– Southbridge BW Conf.

Public Health will participate in a conference with the Bioenvironmental Engineering folks at Southbridge, Massachusetts from 27 July to 31 July. This year's focus will be on biological warfare defense, providing conference participants with tools to function in an NBC environment and provide opportunities to discuss corps specific career issues.

Who Should Attend
Seminar participants should be cross-functional to support the education of Bioenvironmental Engineers/ 7 level Non-Commissioned Officers, and Public Health

Officers/ 7 level Non-Commissioned Officers.

Orders Air Staff will not be responsible for generating any orders. Each unit/MAJCOM will be responsible for cutting orders for attendees.

Registration. Registration for this conference will be made via the website listed at the end of this article. **You must be selected by your MAJCOM to attend.** A password will be provided to selected attendees to enter the registration section of this website.

Uniform. Conference: Military: BDU; Civilian: Business Casual
Sunday Social: Casual Dress

Mandatory Wed Night Dinner: Casual Dress

Command Post. A command post will be functional from Saturday, 26 July 03 until Friday, 1 August 03. The command post will be located in the Southbridge Conference Center on the third floor.

Web Site: Visit the following web site for more information:

<http://www.nbcdefenseseminar.com/>

NOTE: There will be a PH Corporate Board meeting on the Sunday prior to the BW conference to discuss several issues.