THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

JUL 10 2001

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: West Nile Virus Surveillance for Military Commands and Installations

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 seven deaths occurred in New York State. In calendar year 2000, New York, New Jersey and Connecticut reported a total of 21 human cases with two deaths. The case fatality rates are 3-15 percent with the highest rates in the elderly. The virus was isolated in 2001 from mosquitoes, birds and a variety of mammals along the US East Coast from Vermont and New Hampshire in the north, to North Carolina in the south. It is expected to continue to spread south and west during subsequent seasons, and all installations should be prepared to assist with surveillance and prevention efforts.

The Centers for Disease Control and Prevention (CDC) coordinated surveillance of mosquitoes, birds and other animals, and humans last year. Surveillance data from military installations were collected weekly by the Department of Defense Global Emerging Infections System (DoD-GEIS) and forwarded to the CDC and presented on the CDC website. Data from Department of Defense (DoD) installations appeared as part of the state's data in which the installation is located. Last year, five birds from military installations tested positive for WNV – four from West Point, NY and one from Fort Hamilton, NY. One mosquito pool of *Culex* species from Fort Hamilton also tested positive. A report of the accomplishments of the 2000 surveillance efforts by DoD was published by the US Army Center for Health Promotion and Preventive Medicine (CHPPM) and can be found at http://chppm-www.apgea.army.mil/usachppmtoday/dec1.pdf.

The CHPPM – North Detachment will again provide mosquito testing for the DoD. The point of contact to submit specimens for testing is Lieutenant Colonel Charles (Gene) Cannon at 301-677-3466, or Mr. Ben Pagac at 301-677-3962. Installations may also submit mosquitoes for testing through state public health laboratories, but should forward any results to the CHPPM – North for inclusion in overall DoD mosquito surveillance reports. Avian morbidity and mortality surveillance will be organized through Veterinary Treatment Facilities. 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 to use their state's laboratory for testing, but all specimens should be split with one aliquot forwarded to USAMRIID for testing. The POC at USAMRIID is Dr. George Ludwig at 301-619-4941 or DSN 343-4941.

WNV surveillance data from military installations will continue to be collected in calendar year 2001. Mosquito and bird surveillance will be compiled by CHPPM –North and forwarded to DoD-GEIS for reporting to this Office and the Services. Enhanced passive human surveillance testing will be reported through the installation's preventive medicine office and forwarded to the DoD-GEIS. POC at DoD-GEIS is Mary Goldenbaum at 301-319-9769, DSN 285.

This year, for inclusion in the CDC database, all WNV surveillance reports (including negative results) need to be reported directly to the appropriate state health department. 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. 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.

Each Service should develop WNV surveillance and prevention plans applicable for the region and installation. The US Army North Atlantic Regional Medical Command has developed 2001 guidelines that can be used as a general template for other areas. This document and other WNV information and POC listings can be viewed at the DoD-GEIS website at http://www.geis.ha.osd.mil.

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