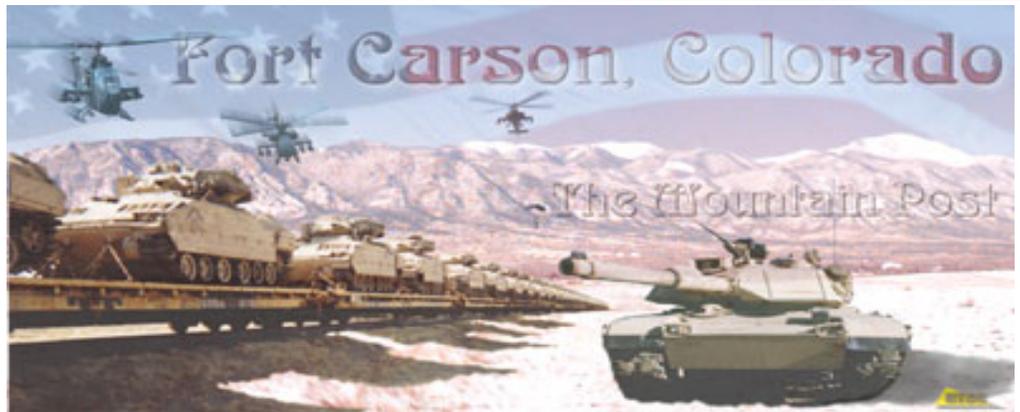


Mountain Post Medical Update



Severe Acute Respiratory Syndrome (SARS)

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Cases of life-threatening respiratory disease with no identifiable cause were reported in late 2002 from Guangdong Province, China. This was followed by reports from Vietnam, Canada, and Hong Kong of severe febrile respiratory illness that spread to household members and health care workers. In late 2003 the syndrome was designated "Severe Acute Respiratory Syndrome" (SARS) and a global effort was begun in March 2003 to understand the cause of this illness and prevent its spread. On April 4th, 2003, the President signed an executive order adding SARS to the list of communicable

diseases subject to quarantine under the Public Health Service Act. So what is this disease and what is the impact to the average soldier?

It appears that this disease can be linked through chains of transmission to a health care worker from Guangdong Province, China, who visited Hong Kong, where he was hospitalized with SARS and died. Clinical specimens were taken from patients meeting the case definition for SARS and a novel coronavirus was isolated as the probable etiologic agent. The investigation of the initial spread of this disease, seen in figure 1, shows the remarkable potential of

how a disease can be spread globally in the world we live in today.

During November 1, 2002--April 23, 2003, a total of 4,288 SARS cases were reported to WHO from 25 countries, including the United States; 251 deaths (case-fatality proportion: 5.8%) have been reported (1). In the United States as of April 23, a total of 245 SARS cases were reported to CDC from 37 states. Of these, 39 (16%) had illnesses characterized by the presence of pneumonia or acute respiratory distress syndrome consistent with the interim U.S. sur-

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Upcoming Wellness Center Events:

- Tobacco Cessation Session: Contact the Wellness Center for Details
- (Each Session is comprised of 4 classes)
- Stress Management Classes every Wednesday at 1300 hrs
- Anger Management Classes every Monday at 1300 hrs
- Healthy Cooking Classes every other Friday
- Walk in Blood Pressures and Cholesterol checks every day

Wellness Center is located in Building 1526, 526-3887

The Expansion of West Nile Virus

In late summer 1999, the first domestically acquired human cases of West Nile Virus (WNV) encephalitis were documented in the U.S. WNV has commonly been found in Africa, Eastern Europe, West Asia and the Middle East. More recently, WNV appears to have become endemic in North America. WNV is a

flavivirus and is closely related to the virus that causes St. Louis encephalitis. Overall the infection rate is low and for those who are infected, most are considered mild infections which present with fever, headache, and body aches, often with skin rash and swollen lymph glands. More severe infection is marked by head-



ache, high fever, neck stiffness, stupor, disorientation, coma, tremors, occasional convulsions, paralysis, and, rarely, death.

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SARS Continued

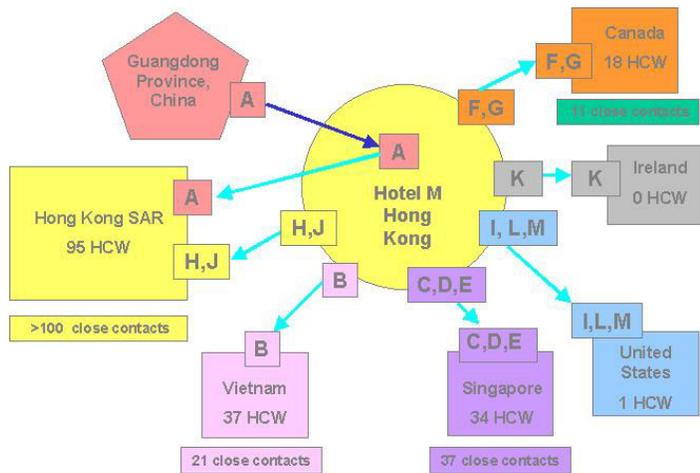


Figure 1: Depiction of how the incident case of SARS from Patient “A” spread via Hotel M in Hong Kong to cases across the globe.

- Radiographic evidence of pneumonia or respiratory distress syndrome
- Autopsy findings consistent with respiratory distress syndrome without an identifiable cause

†**Travel** includes transit in an airport in an area with documented or suspected community transmission of SARS.

Areas with documented or suspected community transmission of SARS: People’s Republic of China (i.e., mainland China and Hong Kong Special Administrative Region); Hanoi, Vietnam; Singapore; and Toronto, Canada.

***Close contact** is defined as having cared for, having lived with, or having direct contact with respiratory secretions and/or body fluids of a patient known to be suspect SARS case.

veillance case definition for probable SARS. The remaining 206 (84%) had fever and respiratory symptoms. Of the 39 probable SARS patients, 37 (94%) had traveled to mainland China, Hong Kong, Singapore, Hanoi, or Toronto; one (3%) was a health-care worker (HCW) who provided care to a SARS patient, and one (3%) was a household contact of a SARS patient. Twenty-seven (69%) of the probable SARS patients were hospitalized, and one (3%) required mechanical ventilation.

The Center for Disease Control has developed specific case definition for SARS which is listed below:

Suspect Case: Respiratory illness of unknown etiology with onset since February 1, 2003, and the following criteria:

- Measured temperature greater than 100.4°F (greater than 38°C) **AND**
- One or more clinical findings of respiratory illness (e.g., cough, shortness of breath, difficulty breathing, or hypoxia) **AND**
- Travel† within 10 days of onset of symptoms to an area with documented or suspected community transmission of SARS (see list below; excludes areas with secondary cases limited to healthcare workers or direct household contacts) **OR** Close contact* within 10 days of onset of symptoms with a person known to be a suspect SARS case.

Probable Case: A suspect case with one of the following:

SARS is a disease of worldwide significance. Fortunately NO United States soldier has developed SAR. The estimated risk to deployed US forces continues to be low with minimum operational impact. Nonetheless, continued emphasis on countermeasures to include adequate billeting and prudent hygiene measures to reduce any respiratory illness spread is advised. In addition, USPACOM restricts official travel by all DOD personnel and unofficial travel by DOD Military personnel to all areas of China and Hong Kong. Commanders and supervisors should curtail nonessential travel to other areas where there is ongoing transmission of SARS. Currently areas of transmission include The People’s Republic of China (including Hong Kong), Vietnam (Hanoi), and Singapore. Travelers, including those on official business within DOD arriving from areas with ongoing SARS transmission are to be screened for evidence of SARS upon arrival in the United States. Additional information can be obtained from this CDC website: WWW.CDC.GOV/NCIDOD/SARS.

7th Infantry Division and the Mountain Post

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91 W Training Status Report

	91W	TR	%	Y2	% Y2	EMT	EMT EXP	NEED	NEED
	ASSIGNED	COMPLETE	TR'D	REMOVED	REMOVED	EXPIRED	March-03	BTLS	BNCOC/AIMS
MEDDAC	87	51	59%	40	46%	37	18	25	24
3BCT	165	74	45%	68	41%	67	32	73	62
3ACR	203	112	55%	96	47%	82	44	69	74
43rd ASG	182	96	53%	69	38%	103	51	46	41
Other	5	1	20%	0	0%	2	1	4	4
Total	642	334	52%	273	43%	291	146	217	205

Figure 2: 91W transition training status as of 1 April 03

In The News

Getting By on Little Sleep

(HealthScoutNews) -- While some of you can function on little sleep, others feel exhausted if they don't get a full night of slumber.

Currently, scientists don't have a full understanding of the biological differences between those two kinds of people. However, the U.S. Department of Defense is supporting two University of California, San Diego (UCSD) School of Medicine studies to research the phenomenon.

The U.S. Navy will fund a study using functional magnetic resonance imaging (fMRI) brain scans to examine healthy adults who function well with little sleep on a regular basis and other people who sleep more than average.

"The idea is to see if there are baseline differences in brain function due to habitual sleep times and to see if one group or the other is less vulnerable to the effects of sleep loss. We have seen some informal evidence of differential responses in people, but there hasn't been a formal study to evaluate these differences," Sean P.A. Drummond, UCSD assistant professor of psychiatry, says in a news release.



In the second study, funded by the U.S. Army, UCSD researchers will use fMRI to explore longer-term sleep deprivation -- as long as 62 hours without sleep -- and the effect it has on brain function in people who sleep normal amounts.

If these studies can pinpoint the biological factors that let some people function well even when they're sleep-deprived, that information may help identify people who are suitable candidates for jobs that require long periods of wakefulness.

That would include long-haul truckers, pilots and soldiers.