

28 February 2020

Army Public Health Weekly Update

Army Public Health Center



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We're sorry for the inconvenience.

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U.S. MILITARY

DOD sued for alleged improper incineration of 'forever chemicals'

20 February- Earthjustice sued the Department of Defense (DOD) on Thursday, arguing the military has been improperly incinerating so-called forever chemicals. The class of chemicals, known as PFAS, is a central ingredient in the firefighting foam widely used by the military, but it's caused alarm due to both its links to cancer and its persistence in the environment. Earthjustice, which filed the suit on behalf of communities where PFAS has been incinerated, argues DOD is in violation of the National Defense Authorization Act (NDAA), which both required the military to phase out use of PFAS-laden firefighting foam and incinerate its stockpiles at temperatures high enough to break down the chemicals and avoid releasing them into the air. "Incineration does not solve the Defense Department's PFAS problems; it just pawns them off on already overburdened communities," Jonathan Kalmuss-Katz, a staff attorney with Earthjustice, said in a statement. "PFAS chemicals are used in firefighting foam precisely because they don't burn. Instead of destroying those chemicals, incinerating the foam releases PFAS and other toxins into the air. DOD's decision to authorize large-scale PFAS incineration without considering the health impacts is shortsighted and illegal," he said. [The Hill](#)

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Military family members and retirees could lose medical clinic access under Pentagon plan

21 February- The Defense Department this week announced a plan to "right-size" its network of medical treatment facilities, which will change the services available at individual facilities and, in many cases, eliminate services for military family members and retirees. As part of an effort to lower costs and focus the Military Health System on "readiness," Pentagon officials identified 50 facilities in the United States where the department will change what services are available. Although a few locations will provide more services, most will see downsizing. The department currently operates 343 medical facilities within the United States. In total, 37 facilities will no longer offer services to military family members or retirees, of which five have already begun or completed the move to serving only active duty troops. Of those 37 locations, eight will maintain some amount of non-active duty patients "as necessary" to maintain readiness, officials said. Under the plan, two facilities would close entirely, while three facilities already are transferring all operations to a different location. In total, the plan could send roughly 200,000 beneficiaries into the care of doctors in the private sector. In a release announcing the plan, the department said all efforts to offload military family members and retirees onto privatized providers that accept TRICARE will happen slowly, and in some cases over several years. "The increased demand from the beneficiary population transitioning to local networks is the key driver of [facility] implementation timelines," officials wrote. "Most [facilities] will need to follow a measured

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approach by transitioning beneficiary populations gradually to care from commercial providers." [Government Executive](#)

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USAG-RP Exceptional Family Member Program helps families with special needs

24 February- Military families with special needs can have a difficult time in overseas locations, but the USAG Rheinland-Pfalz Exceptional Family Member Program can help make life easier. Enrollment in the EFMP, a part of Army Community Services, begins with a visit to the family's primary care manager to see if the family member meets certain criteria. "The Army has criteria which establishes who is able to enroll in the EFMP," said Ariana Oregel, EFMP program manager. "The medical component is handled through the primary care manager, and the ACS Family Services side does all of the non-medical case management and command sponsorship assistance." Oregel said family members do not need to have obvious disabilities to be enrolled in the EFMP. "It could be severe allergies, diabetes or anything you might see your doctor for at least twice a year," she said. "So we have a wide range of diagnoses. That also includes educational disabilities like Attention Deficit Hyperactivity Disorder." "Housing is another issue," said Kelley Hood, EFMP systems navigator. "If a family is assigned the third floor in a stairwell, but has an EFMP family member, we can work with them and Housing to get a more accessible home."

Because of her position, Hood is allowed to attend Individualized Education Program meetings. An IEP is a written document created by a teacher and the parents of a special needs student. "It can be overwhelming for the parent to have five or six educators there telling parents what their child needs. It can be very emotional," Hood said. "But, I'm allowed to be in the meeting and take minutes and notes and the parents can come to me afterwards and ask questions." Oregel is the EFMP program manager, with an office on Kleber Kaserne, while Hood works out of Baumholder. Both are licensed social workers. Both positions had been open for "a while," so Oregel and Hood are worried families who may have moved into the area in the last 10 months have no idea the program is up and running again. "We want families who have moved into the USAG RP footprint since last April to contact us if they have a family member with any kind of special needs," Oregel emphasized. The EFMP offers support groups, play groups, trips, books and toys among other help aides for special needs family members. "We want ideas," Hood said. "We have resources, but we want to use them wisely on what our EFMP community wants and needs." "We're here to help with the process," said Oregel. "Sometimes, parents don't have anywhere to start. We're here to alleviate that stress." [DVIDS](#)

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Travel Health Notices

Travel Health Notices inform travelers and clinicians about current health issues that impact travelers' health, like disease outbreaks, special events or gatherings, and natural disasters, in specific international destinations.



Despite a “double-barreled” flu season, the vaccine is mostly doing its job

21 February- Despite a weird flu season, this year’s flu shot is working relatively well to prevent influenza, particularly among children, according to a new report. In the new report, researchers from the Centers for Disease Control and Prevention (CDC) estimated the flu shot’s effectiveness in more than 4,000 U.S. children and adults who visited the doctor for respiratory illness between Oct. 23, 2019, and Jan. 25, 2020. Overall, the vaccine was 45% effective, meaning it reduced the risk of a doctor’s visit for flu by 45%, the report found. The vaccine worked even better in children, reducing their risk of a doctor’s visit for flu by 55%. Flu shots are generally 40 to 60% effective when the flu strains circulating match the strains in the vaccine, and this year’s estimates fall within that range, the authors said. This season’s flu shot is also working better than last season’s shot, which was estimated to be only 29% effective at reducing doctor’s visits for flu. This season’s shot may be working well because of the types of flu viruses that are circulating. The main flu strains circulating this season are influenza B and H1N1; and flu shots generally provide better protection against these strains than with H3N2, which was the dominant strain at the beginning of the 2018-2019 flu season. Even so, during the 2018-2019 flu season, the flu shot is estimated to have prevented 4.4 million illnesses, 2.3 million medical visits, 58,000 hospitalizations and 3,500 deaths from flu, according to the CDC. (Data on how many illnesses, hospitalizations and deaths have been prevented this season are not yet available.) The 2019-2020 flu season has been a strange one—at the beginning of the season, the main strain of flu circulating was influenza B, which typically does not cause as many cases as influenza A strains (H1N1 and H3N2) and tends to show up later in the season. But in late January and February, officials saw a surge in activity of H1N1. This type of “double-barreled” flu season, in which one strain of flu hits on the heels of another, is also unusual, Live Science previously reported. So far this season, there have been an estimated 26 million illnesses, 250,000 hospitalizations and 14,000 deaths from flu in the U.S., according to the CDC. If you missed your flu shot earlier in the season, it may not be too late to get one—although it’s optimal to get your flu shot in early fall, before flu activity picks up, the CDC continues to recommend flu shots while flu viruses are circulating. And this flu season looks like it may drag on longer than usual—flu activity has already been elevated for 21 weeks, which is longer than the average length of about 18 weeks, according to the new report. [Scientific American](#)

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The Surgeon General Weekly Read Book

The Surgeon General Weekly Read Book is available with articles classified up to the **SECRET** level on the APHC SIPRNet site:

<https://intelshare.intelink.sgov.gov/sites/medcom-g2/SitePages/Home.aspx>

To access this version, you will need a **SECRET** clearance and a SIPRNet account.

Exclusive: Juul halts Indonesia e-cigarette sales, throwing Asia expansion in doubt

24 February- Juul Labs Inc. is halting sales in Indonesia, citing concerns that it can't stop retailers from selling its high-nicotine e-cigarettes to young people in a largely unregulated tobacco market. Juul disclosed its Indonesia plans to Reuters as the news organization was inquiring about the company's marketing to younger customers there and in the other two Asian countries where it operates - the Philippines and South Korea. A Reuter's review of Juul's Asia marketing found that the firm has promoted e-cigarettes in ways similar to those that raised the ire of regulators in the United States. Juul said in a statement that it would suspend Indonesia sales "indefinitely" until it could ensure that online and traditional retailers there will "increase and enforce age restrictions and compliance measures." The firm's decision to retreat from the world's fourth most populous nation - which has not been previously reported - marks a major setback for Juul's larger plans to expand in Asia. The region has been seen as critical to the company's growth amid mounting U.S. legal and regulatory problems over its role in the nation's youth vaping epidemic. Juul had launched in Indonesia just seven months ago because it was attracted to the nation's permissive regulatory environment, according to a former employee and another source familiar with its Asia sales strategy. The company had targeted customers aged 19 to 35, according to those two sources and a current Juul employee. A Juul spokesman said the company only wants adult smokers to use its products. [Reuters](#)

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FDA approves non-statin drug to treat high cholesterol

24 February- The US Food and Drug Administration on Friday approved a drug to treat high cholesterol that works differently than statins, according to Esperion Therapeutics, the company that makes the drug. Bempedoic acid is a once-a-day oral medication that will be commercially known as Nexletol. The FDA approved it for use with a healthy diet and the maximum dose of statins a patient tolerates. Studies show the new drug can reduce what doctors call low-density lipoprotein cholesterol, what you may know as LDL, the "bad" cholesterol that can lead to heart problems or strokes. The FDA approved this drug based on the fact that it can lower cholesterol, but it's still being studied to see if it will lower the risk of stroke and heart attack in patients who can't tolerate statins. [CNN](#)

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How to report on the COVID-10 outbreak responsibly

23 February- The profusion of information that keeps emerging about the growing COVID-19 outbreak presents challenges for reporters and the scientists they talk to when researching their stories. Good reporting and science have to distinguish legitimate sources of information from no end of rumors, half-truths, financially motivated promotions of snake-oil remedies and politically motivated propaganda. While keeping track of the outbreak, we've become aware of how hard this vigilance is for even the most energetic and

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well-motivated scientists and journalists, given the firehose of available information from both traditional sources (public health authorities, journals) and new ones (preprints, blogs). To help in this effort, we think reporting should distinguish between at least three levels of information: (A) what we know is true; (B) what we think is true—fact-based assessments that also depend on inference, extrapolation or educated interpretation of facts that reflect an individual's view of what is most likely to be going on; and (C) opinions and speculation. In category A are facts, such as that the infection is caused by a beta-coronavirus; that the initial viral genome sequences of the virus were very similar; and that human-to-human transmission happens frequently—along with the number of reported cases in various locations, and the like. Multiple lines of evidence, including peer-reviewed scientific studies and reports from public health authorities, support these as facts. In category B is the vast majority of what we would like to know about the epidemic but don't because no systematic data exist on the true number of cases in any location; the extent of community transmission outside of China—or the fraction of cases that are spreading undetected; the true proportion of infections that are mild, asymptomatic or subclinical; and the degree to which presymptomatic cases can be transmitted...In category C are many other issues for which the current evidence is exceedingly limited, such as the effect of extreme social distancing on slowing the epidemic. There are also questions that will never be truly settled by data, such as those about the motivations of governments and health authorities. It's not that these topics don't matter. It's just that they're not accessible to science right now and may not ever be. [Scientific American](#)

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Scientists are now able to reduce skin cancer tumor size without affecting normal tissues through engineered immune cells

24 February- Researchers have engineered immune cells that can switch on when it is exposed to blue light and have used them to destroy skin tumors in mice that reduced tumor size eight and nine times without harming. Bioengineers at the University of California have developed the Light Control System or LCS, and it is an assuring discovery in a cancer treatment known as the Chimeric Antigen Receptor or CAR T-cell therapy. This therapy involves adapting a patient's own T cells, which is a type of white blood cell that plays an important role in the immune system, and that is to treat their cancer. The T cells are then to be collected from the patient and will be genetically engineered to express special receptors on their surface that can and will recognize the foreign substances or antigens produced by tumor cells. These engineered T cells are then infused back into the patient, and there, they will find and attack the targeted antigens. [Tech Times](#)

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Scientists discover powerful antibiotic using AI

21 February- In a world first, scientists have discovered a new type of antibiotic using artificial intelligence (AI). It has been heralded by experts as a major breakthrough in the fight against the growing problem of drug resistance. A powerful algorithm was used to analyse more than one hundred million chemical compounds in a matter of days. The newly discovered compound was able to kill 35 types of potentially deadly bacteria, said researchers. Antibiotic-resistant infections have risen in recent years - up 9% in England between 2017 and 2018, to nearly 61,000. If antibiotics are taken inappropriately, harmful bacteria living inside the body can become resistant to them, which means the medicines may not work when really needed. The World Health Organization (WHO) has called the phenomenon "one of the biggest threats to global health security and development today".

[BBC News](#)

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Stroke benefit missing with TAVR embolic protection

24 February- Early real-world use of the Sentinel cerebral embolic protection device did not reduce procedural strokes after transcatheter aortic valve replacement (TAVR) for severe symptomatic aortic stenosis, a study found. The incidence of stroke or transient ischemic attack (TIA) was about the same whether patients received commercial TAVR with or without the Sentinel dual-filter system designed to capture embolic debris dislodged during the procedure (1.8% vs 2.2%, P=0.15), according to a group led by Mohamad Alkhouli, MD, of Mayo Clinic School of Medicine in Rochester, Minnesota. Lack of improvement for Sentinel cases was also observed in the secondary endpoints of ischemic stroke, hemorrhagic stroke, fatal stroke, disabling stroke, death, length of stay, and cost, the authors reported online in a research letter in JAMA Internal Medicine. The study "highlights the uncertainty regarding the effectiveness of EPDs [embolic protection devices] in stroke prevention during TAVR," noted Rohan Khera, MD, MSCS, of the University of Texas Southwestern Medical Center in Dallas, and Saket Girotra, MD, SM, of the University of Iowa and Iowa City Veterans Affairs Medical Center, writing in an invited commentary. [MedPage Today](#)

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Study finds century-old combat helmet is a superior shield against brain trauma

21 February- In the weeks following Iran's Jan. 8 ballistic missile attack on the Ain al-Assad air base in Iraq, 110 American service members deployed there were diagnosed with what has been the signature, albeit invisible, wound of the wars in Iraq and Afghanistan: traumatic brain injury caused by concussive blasts from exploding weapons. Even if all of those service members were wearing combat helmets, they and more than 400,000 other U.S. troops diagnosed with TBI over the past two decades lacked equipment that was specifically designed to protect their brains from the blast of shock waves. That's because

ever since the first modern combat helmet came out in 1915, these so-called "brain buckets" have been designed to protect heads not from invisible shock waves, but from shrapnel, bullets and other blunt physical objects. In fact, a recent study done by a team of Duke University researchers finds that the 105-year-old "Adrian" helmet used by the French army in World War I can provide better blast protection than the Advanced Combat Helmet (ACH) widely used by the U.S. military. "That was very surprising, actually," says Joost Op't Eynde, the Belgian bioengineering doctoral candidate at Duke who led the research project comparing three WWI-vintage helmets with the ACH model. "It was only after the tests that we saw that the modern helmet was not better. And then we saw that, in certain scenarios, the French Adrian helmet had performed better." It was only when those helmets were exposed to overhead blast waves that the 1915-era Adrian helmet outperformed the others. The Duke researchers point to the raised metal crest running from the front to the back of the Adrian helmet — a design feature also found on helmets used in those times by French firefighters — as a likely explanation for its superior protection from overhead blasts. [NPR](#)

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Video game-Based Tx boosts attention in kids with ADHD

24 February- Spending 25 minutes a day with a video game-like intervention improved symptoms among adolescents with attention deficit-hyperactivity disorder (ADHD), a randomized control trial found. Among 348 adolescents, those assigned to the intervention -- which involved a gaming therapy designed to improve attention and multitasking -- had small but significant improvements in Test of Variables of Attention-Attention Performance Index (TOVA-API) scores at 4 weeks compared with a control group that played a similar game targeting other, non-ADHD-related cognitive domains (0.88 vs 0.93, P=0.006), reported Scott Kollins, PhD, of Duke University in Durham, North Carolina, and colleagues.

[MedPage Today](#)

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INFLUENZA

AFHSB: DoD Seasonal Influenza Surveillance Summary

Week 07 (09 February 2020— 15 February 2020):

NORTHCOM: ILI activity remained high. Influenza A and B each accounted for roughly half of the positive specimens. Among subtyped influenza A specimens, A(H1N1) has predominated.

EUCOM: ILI activity decreased to moderate. Among positive specimens, the majority continued to be influenza A.

INDOPACOM: ILI activity decreased to moderate. The majority of positive specimens continued to be influenza A. Among subtyped influenza A specimens, the majority were

A(H1N1).

SOUTHCOM: ILI activity remained minimal. The majority of specimens continued to be influenza A (not subtyped).

CENTCOM: ILI activity remained high. [DHA -Armed Forces Health Surveillance Branch top of page...](#)

APHC: U.S. Army Influenza Activity Report

Week ending 15 February 2020 (week 7): During week 7, 6,803 specimens were submitted for testing, which represents an 8.1% decrease from week 6. Influenza A accounted for 67.7% (n=940) of positive specimens submitted for testing, and 79.4% of positive influenza A specimens were among non-AD beneficiaries. Beneficiaries younger than 18 years old accounted for the majority (69.8%) of total positive respiratory specimens; Active Duty members 18 to 29 years old accounted for 44.8% of positive specimens. Influenza-like illness activity also decreased by 17.9% from week 6. The number of influenza-associated hospitalizations reported to the Disease Reporting System internet this season is 139% higher than that of the same time period last season. [APHC](#)

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CDC: Flu View - Weekly U.S. Influenza Surveillance Report

Key Updates for Week 7, ending February 15, 2020:

Influenza-Associated Hospitalizations: The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in the Emerging Infections Program (EIP) states and Influenza Hospitalization Surveillance Project (IHSP) states. A total of 13,775 laboratory-confirmed influenza-associated hospitalizations were reported by FluSurv-NET sites between October 1, 2019 and February 15, 2020; 9,168 (66.6%) were associated with influenza A virus, 4,529 (32.9%) with influenza B virus, 42 (0.3%) with influenza A virus and influenza B virus co-infection, and 36 (0.3%) with influenza virus for which the type was not determined. Among those with influenza A subtype information, 2,385 (93.3%) were A(H1N1)pdm09 virus and 172 (6.7%) were A(H3N2). The overall cumulative hospitalization rate was 47.4 per 100,000 population which is similar to what has been seen during recent previous influenza seasons at this time of year. Rates in children and young adults are higher than at this time in recent seasons.

Pneumonia and Influenza (P&I) Mortality Surveillance: Based on National Center for Health Statistics (NCHS) mortality surveillance data available on February 20, 2020, 6.8% of the deaths occurring during the week ending February 8, 2020 (week 6) were due to P&I. This percentage is below the epidemic threshold of 7.3% for week 6.

Influenza-Associated Pediatric Mortality: 13 influenza-associated pediatric deaths occurring during the 2019-2020 season between weeks 2 and 7 (the weeks ending January 11, 2020

and February 15, 2020) were reported to CDC during week 7. 10 were associated with influenza B viruses, and two had a lineage determined; both B/Victoria viruses. Three were associated with influenza A viruses, and two were subtyped; both A(H1N1)pdm09 viruses. Of the 105 influenza-associated pediatric deaths occurring during the 2019-2020 season and reported to CDC:

- 72 deaths were associated with influenza B viruses, and 12 had a lineage determined; all were B/Victoria viruses.

- 33 deaths were associated with influenza A viruses, and 20 were subtyped; 19 were A(H1N1)pdm09 viruses and one was an A(H3) virus. [CDC](#)

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VETERINARY/FOOD SAFETY

Campylobacter chicken liver outbreak adds to evidence of risk

27 February- Researchers have called for increased awareness to reduce the risk of Campylobacter outbreaks linked to incorrectly cooked chicken liver dishes. Communication from food safety and public health authorities may be required. Any strategy should ensure the risk profile of poultry liver-containing dishes is raised and availability of evidence-based preventative strategies for food preparation promoted, according to the study published in the journal *Epidemiology and Infection*. There were 19 people who got campylobacteriosis linked to an outbreak in England 2016; seven confirmed and 12 probable cases. Chicken liver pâté was most strongly associated with illness. Three cases reported an incubation period of less than 24 hours, consistent with other outbreaks of campylobacteriosis associated with poultry liver. Diversorium Ltd., the company which owned and operated the Downe Arms, a hotel in Wykeham near Scarborough, was fined £8,000 (\$10,300) in November 2017 for two food hygiene related offences related to the outbreak. [Food Safety News](#)

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Salmonella test results prompt recall of fresh bean sprouts

22 February- Fresh Sprout International is recalling Fresh Sprouts brand sprouts from because of possible contamination with Salmonella. "This recall was triggered by test results. The Canadian Food Inspection Agency (CFIA) is conducting a food safety investigation, which may lead to the recall of other products," according to the recall notice. "Check to see if you have the recalled product in your home. Recalled products should be thrown out or returned to the store where they were purchased." [Food Safety News](#)

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Silani brand mozzarella balls recalled because of E. coli concerns

20 February- Silani Sweet Cheese Ltd. has recalled mozzarella balls because they are potentially contaminated with E. coli. The Canadian Food Inspection Agency (CFIA) advisory, posted Feb. 14, says the product was distributed to retail stores nationwide.

Recalled product:

Brand Name: Silani

Common Name: Mozzarella Ball

Size: 260 g

UPC: 0 65052 51369 4

Code(s) on Product: Best Before: 2021.01.08

Anyone who thinks they became sick from consuming a recalled product should call a doctor. Check to see if the recalled products are in your home. Recalled products should be thrown out or returned to the store where they were purchased. [Food Safety News](#)

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WELLNESS

Chronic fatigue syndrome: What causes the condition and when to seek help

23 February- Chronic fatigue syndrome or chronic fatigue is an oft-misunderstood medical condition that causes millions of Americans to miss out on everyday life. The condition may worsen with increased physical or mental activity, and won't necessarily improve with rest. But what exactly causes chronic fatigue, and what can you do to treat it? To start, it's important to note that chronic fatigue and chronic fatigue syndrome are similar but considered two separate issues, Dr. Raphael Kellman, founder of Kellman Wellness Center, told Fox News. [Fox News](#)

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How sugary drinks can affect cholesterol levels and heart health

26 February- New research finds that adults who drink at least one sugary beverage, when compared with those who don't, have a greater risk for developing dyslipidemia, or higher levels of unhealthy fats (like LDL cholesterol or triglycerides), which can increase the risk of heart disease. "Dyslipidemia is just when your cholesterol numbers are not within the normal range, so it can be a variety of things. The most concerning is elevated LDL, or bad cholesterol," said Mark Peterman, MD, an interventional cardiologist at Texas Health Plano.

[healthline](#)

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USAFRICOM

Egypt, Algeria and Republic of South Africa, main gates for coronavirus importation in Africa

22 February- Egypt, Algeria and Republic of South Africa are the African countries most at risk for coronavirus COVID-19 importation in the continent, due to high air traffic with the contaminated Chinese provinces. But these countries are also among the best equipped on the continent to quickly detect and deal with new cases. In other African countries, the risk of importation is lower, but health organization deficiencies raise concerns about rapid spread. This modeling work carried out by Vittoria Colizza, Inserm research director, and her team from Unit 1136 Pierre Louis Institute of epidemiology and public health (Inserm / Sorbonne University), in collaboration with the Université libre de Bruxelles, the Oxford Martin Programme on Pandemic Genomics and the University of California Los Angeles, is published in The Lancet. The COVID-19 coronavirus continues to spread in China and cases have been reported in more than 25 countries. The African continent was spared for a long time until a first case was recently reported in Egypt. Vittoria Colizza, research director at Inserm (French Institute for Health and Medical Research), and her team from Unit 1136 Pierre Louis Institute of Epidemiology and Public Health (Inserm / Sorbonne University), in collaboration with the Université libre de Bruxelles, the Oxford Martin Programme on Pandemic Genomics and the University of California Los Angeles, assessed the risk of importing the virus into Africa, country by country, and the capacities of each of them to detect and deal with it. [Outbreak News Today](#)

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Nigeria reports another 102 Lassa fever cases

27 February- Nigerian health officials reported an additional 102 confirmed Lassa fever cases, bringing the total to 689 confirmed cases since the beginning of the year through Feb. 23. This is a slight decrease in cases from the prior week. The total Lassa fever cases during the first seven weeks of 2020 is nearly double what was reported during the same

period in 2019 (381). The new cases were reported from 18 states. Thirteen additional deaths were also reported, bringing the total to 118 for about a 17 percent fatality rate. So far this year, confirmed cases have been reported in 27 of Nigeria's 36 states. [Outbreak News Today](#)

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USCENTCOM

Iran COVID-19 death toll now 15, Deputy Health Minister Harirchi infected

25 February- The Director of the Public Relations and Information Centre in the Ministry of Health, Dr. Kianoosh Jahanpour said today that 34 additional COVID-19 cases were reported in Iran, bringing the total to 95. Jahanpour said the new infections were reported in Qom (16), Tehran (9), Fars province (1), Mazandaran (2), Gilan (2), Nishbur (1), Alborz province (2) and one in Qeshm. In addition, three more deaths were reported, bringing the total to 15. He continued saying the majority of those infected with COVID-19 have either been in Qom or have travelled to Qom. The Revolutionary Guard's Armed Forces The Ministry of Health underlines the cancellation and postponement of celebrations and marriages until further notice. If a number of people and the families of the couples are to be allowed to return to these houses in light of the current conditions in the country. Also today, Islamic Republic News Agency reported that the Deputy General of the Ministry of Health in Iran, Dr. Iraj Harirchi has been infected with the coronavirus. [Outbreak News Today](#)

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Iran COVID-19 update, Iraq reports imported case

24 February- In an update on the COVID-19 outbreak in Iran, the Head of Public Relations and Information Center of the Ministry of Health said the case count has risen to 66. Dr. Kianoosh Jahanpour said to reporters: the laboratory specimens of 8 patients in Qom, one person in Hamedan province, three people in Tehran, two in Markazi province, two in the province of Isfahan and two people in Gilan province, were positive and four others were killed. This brings the death toll in Iran to 12, the most outside China. In addition, concerning quarantines he said, in scientific terms and according to the guidelines of the World Health Organization and the opinion of technical coronavirus, we do not believe in the complete quarantine of a city and a matter of Tehran's quarantine has no correctness and if it was made quarantine or restriction, this restriction must be made for the city of Qom. In related news, the Iraqi Ministry of Health reported an imported COVID-19 case in an Iranian national. The statement stated (computer translated): The ministry shows that the results of laboratory tests conducted today for one of the students of religious sciences (Iranian nationality) who had entered the country before the decision of the ministerial crisis cell to stop travel showed that he was infected with the new coronavirus, and the case was revealed when the health teams investigated visitors and students in their residences were

referred to the designated hospital in Najaf province and sent swabs taken from him for laboratory testing and placed in isolation halls and the results of the analysis showed that he is carrying the virus. All measures have been taken in compliance with the International Health Regulations to deal with the situation and contacts, hoping to cooperate with the procedures and disseminate health education and awareness messages as much as possible. [Outbreak News Today](#)

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USEUCOM

Israel reports 1st COVID-19 infection, return passenger from Diamond Princess

23 February- Israeli health officials have reported the first COVID-19 case in a repatriated passenger from the Diamond Princess cruise ship that was quarantined in Japan. The remaining returning passengers tested negative today. The patient is in quarantine and under supervision and this is not an infection that took place in Israel.” the health ministry said in a statement. In related news, the health ministry reports nine South Korean nationals who visited Israel and the West Bank in February have tested positive for COVID-19. Israeli officials published the following flight and location information for the public: Flight number upon entering Israel on 08/02/2020 KE957 and flight number upon leaving Israel on 15/02/2020 KE958. Following this report, the Ministry of Health performs an epidemiological investigation to identify people who came into contact with this group in Israel. [Outbreak News Today](#)

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Italy COVID-19 case count now 79, government introduces urgent measures

23 February- With the number of COVID-19 cases soaring in Italy in recent days, the government is instituting measures to contain the spread. On Sunday, The Council of Ministers, on the proposal of President Giuseppe Conte, approved a decree-law that introduces urgent measures regarding the containment and management of the epidemiological emergency from COVID-2019. The measure was illustrated in a press conference by the Prime Minister Giuseppe Conte, with the Head of Civil Protection Angelo Borrelli, the Minister of Health Roberto Speranza, and the President of the Higher Institute of Health Silvio Brusaferro. The decree intervenes organically, in the current international health emergency situation declared by the World Health Organization, in order to prevent and contrast the further transmission of the virus. [Outbreak News Today](#)

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Sweden reports 2nd COVID-19 case in traveler to Italy

26 February- Health officials in Sweden are reporting the second COVID-19 case in a person who had been in northern Italy and became ill three days after returning to Sweden with fever and respiratory symptoms. The patient went to the infectious clinic and was tested according to routine and the test was positive on Wednesday 26 February. The sick person is now being cared for at the Infection Clinic at Sahlgrenska University Hospital. The person is feeling well and is in for observation. The Public Health Authority says it is not unexpected that they see new cases. There is no community spread reported in the country. In total, about 300 samples have now been analyzed by the Public Health Authority and by the other clinical microbiological laboratories in the country. This is the second time a patient has been infected with covid-19. On January 31, the first case in Sweden was detected in Jönköping. [Outbreak News Today](#)

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USINDOPACOM

COVID-19 outbreak in South Korea worsens, North Korea quarantine

24 February- South Korean health officials have reported more than 200 additional COVID-19 cases since our last report yesterday. With the 231 cases, the total confirmed has risen to 833. The death toll has also risen to seven. The outbreak continues to be centered on the southern city of Daegu; however, the geographic spread also continues. In addition, the Ministry of Defense of South Korea confirmed Monday that an additional four soldiers had been confirmed to have contracted the virus, bringing the total of military personnel to 11. There are fears that the outbreak could spread quickly among troops living in close confines, and potentially spread to US forces stationed in Korea. [Outbreak News Today](#)

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USNORTHCOM

Canada: British Columbia reports 6th COVID-19 case, 9th in country

21 February- Officials in British Columbia reported on the sixth COVID-19 case in the province this week. In a joint statement from Adrian Dix, Minister of Health, and Dr. Bonnie Henry, B.C.'s provincial health officer, they said: "Today, we are announcing a new case of COVID-19 in British Columbia. A woman in her 30s is presumed positive based on local testing, and samples have been sent to the National Microbiology Laboratory (NML) in Winnipeg, Man., for final confirmation. She resides in the Fraser Health region and recently returned from Iran. "Fraser Health is actively investigating. The patient's close contacts will

be identified and contacted by public-health officials. The patient is in isolation at home. "This brings the total number of cases in B.C. to six. One is presumed positive, with four confirmed positive by the NML. They remain in self-isolation and under care by public-health teams. The first case has recovered, as indicated by the resolution of symptoms, followed by two successive negative test results 24 hours apart. [Outbreak News Today](#)

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U.S.: Saint Louis University at least 14 sick

23 February- Saint Louis University's The University News reported this week that as many as 14 students are sick with apparent food poisoning symptoms after eating at the Jimmy Johns restaurant near campus on January 19th. Several students have been hospitalized. It appears that a Jimmy Johns food poisoning outbreak may be the culprit. The restaurant in question was closed by the St. Louis City Health Department on January 25. Initially, a sign was posted by the St. Louis City Health Department on the restaurant's door. But it has since been taken down and replaced with another claiming a water main break issue had arisen. The restaurant appears to have reopened "after it was determined there was no risk to the public." The exact type of food poisoning linked to the potential outbreak has not been released. [Outbreak News Today](#)

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U.S.: Update- Public Health Response to the Coronavirus Disease 2019 Outbreak

25 February- As of February 23, 14 COVID-19 cases had been diagnosed in the following six states: Arizona (one case), California (eight), Illinois (two), Massachusetts (one), Washington (one), and Wisconsin (one). Twelve of these 14 cases were related to travel to China, and two cases occurred through person-to-person transmission to close household contacts of a person with confirmed COVID-19. An additional 39 cases were reported among repatriated U.S. citizens, residents, and their families returning from Hubei province, China (three), and from the Diamond Princess cruise ship that was docked in Yokohama, Japan (36). Thus, there have been 53 cases within the United States. No deaths have been reported in the United States. [CDC \(MMWR\)](#)

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Easter Island: 3 locally transmitted dengue cases confirmed

22 February- Chile health officials have confirmed three confirmed cases of autochthonous dengue fever reported on Easter Island. The three cases were females with ages ranging from 27 to 49 years. None had a travel history. For the first time in 2020, cases were identified as serotype 2 (DENV 2). Since 2009, no other serotypes besides DENV 1 have been identified in autochthonous cases until the beginning of 2020. [Outbreak News Today](#)

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