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MN010101. Full-scale anthrax vaccine program may restart in October
From American Forces Press Service

WASHINGTON, Dec. 28, 2000 -- DoD officials expect the full-scale anthrax immunization program to restart in October 2001. Officials are confident that Bioport, the sole producer of the vaccine, will overcome problems and receive approval for their new facility.

"The producer of the vaccine has made some substantial progress in recent weeks," said Marine Maj. Gen. Randall West, senior adviser to the Secretary of Defense for Biological and Chemical Protection.

West said DoD has been speaking with the Food and Drug Administration, the Centers for Disease Control and others monitoring Bioport. "They and we have confidence that [Bioport is] going to achieve approval for new production and that will probably occur not later than the third quarter of the coming year," he said during an interview. This means full-scale vaccination would probably begin by October.

On November 28, DoD announced it was halting anthrax immunizations for service members bound for Korea. Currently, only service members and DoD civilians reporting for duty in Southwest Asia will receive the inoculations. In Korea, the vaccination program hasn't completely stopped but it has been slowed down, West said. "There are some vaccine supplies there that we will continue to use until they are gone," he said.

Officials made the decision because of the shortage of FDA-certified vaccine. The vaccine program will resume once tested and certified supplies of the vaccine start flowing.

Officials said service members and DoD civilians who have started the six-shot series will not have to start at ground zero when the program restarts. "Personnel that have had their shot protocols interrupted will not have to go back and start over. They will pick up where they left off," West said.

West said DoD is disappointed that it cannot provide vaccine to the total force right now. "We're trying to provide it in the area where we feel the threat is highest," he said. "There is, however, some additional supply available to a unit if they were deploying against an adversary that we knew to possess the capability and had reason to believe might use it."

The inoculation program has generated controversy. About 400 service members have refused the shots. As of Dec. 7, 2000, almost 2 million individual doses of the vaccine have been administered to 496,026 active and reserve service members. There were 1,326 reports of adverse reactions to the vaccine. Most were minor reactions at the shot site. A total of 52 required hospitalization. All returned to duty.

DoD ordered the inoculation program in 1996 with the first vaccines administered in March 1997.

The department is seeking a second source for biological warfare protection. "We don't want to be in a position where we have to rely on a sole-source, non-government producer in the future," West said. "We would like to have capabilities like that duplicated. We would like to have a facility where we can call all the shots and make all the decisions. So we are pursuing a government-owned production facility -- not just for anthrax but to include several other vaccines we would need in the future."

He said such a facility would not be operational for at least five to seven years.

For more information on the Anthrax Vaccine Immunization Program visit the program Web site at http://www.anthrax.osd.mil.

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MN010102. Babies are wired for sound at NH Bremerton

By Judith Robertson, Naval Hospital Bremerton

Children are not usually identified as having hearing loss until they are an age when parents expect they should begin talking. But finding them at two is too late, said Naval Hospital Clinical Audiologist, Jim O'Hara.

When Oregon passed newborn hearing screening legislation in November 1999, officials at Naval Hospital Bremerton decided to re-evaluate the program that had been tried in 1994 and rejected because the technology wasn't up to standards. In February 2000, evaluation of new equipment began by the Audiology, Nursing Service, Otolaryngology, and Pediatrics departments.

Universal Infant Hearing Screening is now state law in approximately 32 states. Washington is not one of them but Naval Hospital Bremerton put the system in place in Aug. because, as O'Hara said, we weren't going to wait for a mandate. We wanted to be ahead of the game.

According to O'Hara, A child begins gaining language skills long before they speak. It is from birth to when they begin verbalizing that children form the basis for speech patterns by listening to what goes on in the world around them.

"It's that window of time when babies are developmentally receptive to learning and they really suck up the knowledge," O'Hara said. "So early identification is crucial for a child's development. If a child is deaf or has a severe hearing loss and is not identified until he or she is two or two-and-a-half, it is significant enough that they may never catch up."

Every baby born at the naval hospital receives the hearing screening. O'Hara believes it is worth the effort although the rate of referral is low, and the number of children identified as having diminished hearing ability is even lower after further testing.

Capt. Donald Johnson, MC, head of Pediatrics at the naval hospital, agrees.

"The real issue is, how do you diagnose hearing. When parents bring their babies in for the two-week checkup, they are asked, 'does your child hear and does your child see.' These are yes or no questions. And yet having asked the question, we commonly find that a child is 2 and-a-half or 3 years old before anyone diagnoses a problem."

Part of the problem, Johnson said, is that parents may not recognize that the child is not hearing. If the parent does express concern, peers, family, or even healthcare providers often downplay it. The consequences could be very significant to the child's development. Infant hearing screening passes the common sense test, Johnson said.

"A child who doesn't hear does not acquire speech, or if they do, it is significantly delayed. If a child does not speak they can't develop in other ways as well. Their social interactions will be delayed," Johnson said.

"The screening test is passive and safe. It allows those concerned to take the appropriate steps for early intervention, whether that is hearing aids or special tutoring and classes," Johnson added.

"It is new to most of our mothers," said Lt. Deidra Parker, NC, division officer for the Nursery. "It's a non-invasive procedure. We describe how we do the test and some mothers like to come and watch it. It's really an added assessment to assure the parents their baby is okay."

The national average for babies being identified with some degree of hearing loss is between one to six babies out of 1,000 O'Hara said. "In the last two months less than 2 percent were referred to me for re-examination, approximately one to two babies a month."

Of those, O'Hara said, most re-test as normal. But baby fussiness, wax or vernix (the coating babies are born with) in the ears can skew the outcome.

"It's not a perfect system, but it's very good. It is the gold standard for infant screening at this time," O'Hara said.

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CUTLINE1: Cora Gumapas, a nurse at the naval hospital, prepares to administer a hearing screening on an hours-old child. (U.S. Navy Photo by Judith Robertson)

CUTLINE2: An infant is connected by electrodes to assess brainwaves that will determine if she can hear. (U.S. Navy Photo by Judith Robertson)

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MN010103. NH Guam Medical Response Team combat Dengue Fever in Palau

By JO2 Heather Paynter, Naval Forces Marianas

A recent outbreak of dengue fever in Palau resulted in dozens and possibly hundreds of sick people as well as a request for assistance from the local government.

A five-member team from Naval Hospital Guam was sent to make an assessment of the outbreak that is spread from one human to another by way of mosquitoes.

Planning, Operations and Medical Intelligence (POMI) Officer Lt. Byron Wiggins was part of the hospital assessment team sent to Palau Dec. 20. "A big part of curbing this one and preventing further outbreaks is environmental protection," Wiggins said. "Years back, dengue was introduced into Palau and once it's in the environment, the area will have these cyclic outbreaks unless action is taken."

Wiggins said that since this latest outbreak, the Palauan government has become more proactive, but uninterrupted action is essential. "We delivered insecticide, but environmental action needs to be continuous," he said.

Preventive Medicine Field Inspector HM1 Russell Degidio also was part of the hospital team sent to assess the dengue fever outbreak on Palau. "Patients have high-grade fevers, up to 106 degrees, and it's prolonged," he said. "They exhibit strong flu-like symptoms and the primary treatment is to rehydrate."

According to Degidio, once a patient contracts dengue fever, the main thing to do is ride it out.

The up side to this outbreak is that it appears to be leveling off. "The dry season is coming up and the mosquito population is going down," Degidio said.

The troublesome mosquitoes primarily responsible for Palau's epidemic are "day-biters," meaning they are active during the day, but not very much at night. They lay larvae in standing water with an incubation period of approximately 14-21 days.

The outbreak began in late August and continued to the point where the government of Palau sent a formal request for assistance. Commander, U.S. Naval Forces Marianas Rear Adm. Tom S. Fellin along with Commander in Chief, Pacific Fleet and the Bureau of Medicine and Surgery were instrumental in sending an assessment group to Palau.

The team consisted of Cmdr. Rob Hunter, a family practice specialist; Lt. Vernon Richmond, an occupational health specialist; and HM2 Jonathan Gilmore in addition to Wiggins and Degidio.

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MN010104. One-stop dental care now at Yokosuka
By Bill Doughty, PAO, U. S. Naval Hospital, Yokosuka, Japan

Patients sitting in the dental chair for their annual cleaning at Yokosuka's dental clinic now get an on-the-spot dental exam as well without the hassle of scheduling a separate examination.

"I think it's working really well," said DT1(FMF) Armin Villanueva, Registered Dental Hygienist.

Villanueva and his colleagues provide dental hygiene in one of the seven chairs devoted to the new program. Dentists circulate to each room after the patients' teeth are cleaned.

"It's 'one-stop shopping,' as my CO would say," said DT1 Villanueva. Dental Center Far East Commanding Officer Capt. Wally Milnichuk sees the combined appointments as a natural result of the Put Prevention Into Practice Program (PPIP). PPIP is the entry point for new hospital and dental active duty patients and their families.

Beneficiaries such as IC2 Vince Lombardi, of USS Blue Ridge, received information about medical and dental services at the Yokosuka PPIP Office.

"It's perfect," said IC2 Lombardi, expressing his opinion about PPIP. "It takes care of customers' needs right away."

Petty Officer Lombardi added that he's confident that his wife's dental care needs will be met at the Yokosuka Dental Clinic. "I know she'll get the best care here."

According to DT1 Villanueva, the combined one-stop appointment system increases efficiency, lowers costs, and improves customer service.

"We let the patients know ahead of time that they'll get the exams with their cleaning," said DT1 Villanueva.

In the past patients would receive a cleaning and be told to reschedule for an examination appointment. Sometimes, however, they would not return.

"Some patients are more interested in cleanings than examinations," said DT1 Villanueva. "But from our standpoint both are important because they both affect readiness."

The One-Stop concept was developed and implemented by Clinic Director Cmdr. John Mumford and Oral Medicine Consultant Lt. Cmdr. Sean Meehan, with assistance from Primary Care Enterprise Owner Cmdr. Matthew McNally. Lt. Cmdr. Meehan and Dental Assistant Jeffrey Howard coordinate the program.

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Cutline 1: DT1(FMF) Armin Villanueva gets instruments ready in the dental hygiene/exam room. (Photo by Bill Doughty, PAO, USNH Yokosuka)

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MN010105. Portsmouth offers revolutionary kidney operation
By Dan Gay, NMCP Public Affairs

Naval Medical Center Portsmouth (NMCP) recently became only the second hospital in the Tidewater area to perform the latest in laparoscopic procedures. The nephrectomy (kidney removal) operation was performed by Lt. Cmdr. Stephen V. Jackman, MC, a urologist who recently reported to NMCP from Johns Hopkins, where he specialized in laparoscopic urologic surgery.

Felicisimo Sayco, a retired master chief electrician's mate, was one of the first patients to undergo the operation at NMCP. After his retirement from the Navy, he was under the care of a civilian physician. Following a bout with kidney problems, it was found that he had a mass on his kidney and also a kidney stone. After learning of Sayco's condition, Jackman contacted him to inform him of the availability of the laparoscopic technique at NMCP.

"I immediately agreed to have Dr. Jackman perform the operation after hearing all the advantages," said Sayco. "He has been in constant contact with me to check on my condition and how I am doing."

Laparoscopy has been in use since the mid-1980's for removal of the gallbladder and appendix, but only recently has its use been extended to more complicated procedures such as nephrectomies. The new technique uses laparoscopes that can peer inside the body through several small incisions. It replaces the previous kidney removal surgery that required a 10-12 inch incision made through skin, muscle, and tissue underneath the ribcage. Sometimes the traditional open surgery entailed removing a rib or even entry into the chest cavity.

The laparoscope instrument itself is less than half an inch in diameter and is attached to a high-resolution television camera. The new technique presents many advantages for patients. It is much more comfortable, requires less hospitalization and has decreased recovery times. The typical hospital stay after a standard nephrectomy is 4-7 days and patients require over six weeks to return to normal activity. With the laparoscopic procedure, hospitalization is reduced to 2-3 days and return to normal activity is achieved after only 2

weeks.

"I would highly recommend anyone with similar kidney problems to contact the naval hospital or the doctor," advises Sayco, "they have taken great care of me and, I would not hesitate if I had it to do all over again."

"One of the important implications for the military is with respect to lost work days and overall readiness," said Jackman. "With this procedure and others that we offer, there is a much quicker return to the patient's usual activities."

NMCP currently offers a laparoscopic option for nephrectomy (removal of the kidney), nephroureterectomy (removal of the kidney and ureter), pyeloplasty (removal of a blockage between the kidney and ureter), renal cyst decortication (removal of kidney cyst), adrenalectomy (removal of the adrenal gland), pelvic lymph node dissection (removal of the pelvic lymph nodes for diagnosis of spread of prostate cancer), renal biopsy (sampling of kidney to diagnose medical kidney disease) and laparoscopic orchidopexy (bringing an abdominal testicle down into the scrotum).

"DOD eligible patients or their physicians, whether military or civilian, may contact me personally at Naval Medical Center Portsmouth to discuss any potential options," said Jackman.

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Cutline: Doctors at NH Portsmouth perform Laparoscopic surgery on a patient. NMCP recently became the second hospital in the Tidewater area to perform the latest in laparoscopic procedures. (U.S. Navy Photo by Lt. Cmdr. Steven Jackman)

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MNM010106. TRICARE Question & Answer

Question: I am currently enrolled in the Uniformed Services Family Health Plan (USFHP). How does that program fit into TRICARE?

Answer: As an enrollee of the Uniformed Services Family Health Plan you are covered by the TRICARE Uniform Benefit. The designated providers administer the USFHP through contracts awarded by the Department of Defense providing TRICARE Prime to all enrollees (including Medicare-eligible beneficiaries). Only active duty personnel are prohibited from enrolling in the USFHP. As a USFHP member you may transfer to other TRICARE areas, elect for split enrollment of family members between TRICARE contractors, or move to another TRICARE Prime contract area through portability without loss of enrollment. If you are a Medicare-eligible enrollee, you may only transfer or join other designated provider programs.

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MN010107. Healthwatch: The do's and don'ts of contact lens wear

By Lt. Andrew Kim, Optometrist, USNH Yokosuka

Abnormal redness, severe itching, extreme sensitivity to

light, pain, dryness, and irritation -- These symptoms can be an indication that contact lens wearers need to take care of their lenses properly.

Care of contact lenses covers a wide spectrum from the actual day to day cleaning of the lenses to how you use them. Here are some recommendations to ensure proper care.

* No overnight wear/extended wear -- If you sleep in your lenses overnight or for extended days at a time, it's like playing Russian Roulette with your eyes. Studies have consistently shown that extended wear increases the chances of infection, inflammation and other serious complications by 7-15 fold higher than those who take them out before bedtime. Extended wear is a bad idea.

* Lens Care -- If you are using standard yearly lenses, the recommended time to replace them is between 9-12 months, provided that they are maintained properly. Disposable contact lenses also should be replaced at a scheduled interval determined by the type of disposable lens and your eye doctor. If you are not sure when you should be replacing your lenses, consult your eye doctor.

With the multitude of cleaning, disinfecting and storage solutions, it can be downright confusing on what products to use to care for your lenses properly. However, not taking care of your contacts properly can lead to a multitude of problems with both the contacts and your eyes. Use the proper solutions appropriate for your contacts and decrease your risk of damaging your eyes. Once again, your eye doctor can provide the guidance for proper care of maintaining your contacts.

* Regular Examinations -- Even if there are no problems that one is experiencing with their contacts, there can be subtle microscopic changes that can only be seen and evaluated by your eye doctor. Many times, these can indicate changes that can lead to long-term damage and increased risk to the health of the eyes. Also, small prescription changes can lead to large visual changes in contacts. Therefore, anyone wearing contacts should have their eyes checked annually.

It's extremely important to get properly fit for your contact lenses. Everybody's eyes change shape over time, and thus, the fit of the contacts will also change over time. Improper fitting lenses can either cut off oxygen to your eyes over long periods of time leading to oxygen deprivation, or can move excessively on the eyes, leading to irritation and discomfort. Your eye doctor can evaluate the shape of your eyes to find the best lens fit.

* Keep your Glasses -- When one is dependent on good vision with a prescription, and one does not maintain a current pair of glasses, then they are dependent only on contacts. Many times, this leads to overwear of contact lenses and subsequent harm or damage from overuse. Also, there are times when glasses are more suitable than contacts, such as allergy season for those prone to hayfever, those who have a cold, or those who are working in dusty environments. Make sure you have your updated set of glasses if you wear prescription contact lenses.

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Comments and ideas for MEDNEWS are welcome. Story Submissions are highly encouraged. Contact MEDNEWS editor, At email: mednews@us.med.navy.mil; telephone 202-762-3218, (DSN) 762, or fax 202-762-3224.