

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH U.S. NAVY COMMANDER DANNY SHIAU, DIVISION CHIEF, FORCE HEALTH PROTECTION, BUREAU OF NAVY MEDICINE AND SURGERY; ROBERT MORROW, M.D., PREVENTIVE MEDICINE DIVISION, CLINICAL CARE AND PUBLIC HEALTH DIRECTORATE, BUREAU OF NAVY MEDICINE & SURGERY, VIA TELECONFERENCE SUBJECT: SEASONAL FLU AND H1N1 PREPAREDNESS TIME: 10:00 A.M. EDT DATE: THURSDAY, OCTOBER 29, 2009

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LIEUTENANT JENNIFER CRAGG (Office of the Secretary of Defense for Public Affairs): Without further ado, let's go ahead and get started for today.

I'd like to welcome you all to the Department of Defense's Bloggers Roundtable for Thursday, October 29th, 2009. My name is Lieutenant Jennifer Cragg, with the Office of the Secretary of Defense for Public Affairs, and I'll be moderating our call today.

A note to the bloggers and online journalists and others on the call today, please clearly state your name and organization you're with prior to asking your question or questions. Today our guest is U.S. Navy Commander Danny Shiau. He's the division chief, Force Health Protection, Bureau of Navy Medicine and Surgery.

Accompanying him is subject matter expert Dr. Robert Morrow. He's with the Preventative Medicine Programs and Policies -- officer, also at Med.

Both guests are going to be talking about the seasonal flu and providing an update on the seasonal flu as well as H1N1 preparedness efforts.

I'd like to turn it over to Commander Shiau. If you'd like to go ahead and start with the opening statement, the floor is yours.

CMDR. SHIAU: All right. Thank you all for listening in.

What I wanted to tell you about is what we're doing here in the Navy and sort of overall DOD regarding the seasonal and H1N1. As you all have seen on the press, the H1N1 cases are steadily increasing, but we've been preparing over years and months, actually, for this.

Every year we have the seasonal flu campaign, and immunization is the best way to prevent the spread of flu, whether it be seasonal or H1N1.

This year in particular, we've had a lot of extra focus on H1N1 because it came in in the spring, stayed through the summer, and has increased in terms of our younger population, which is specifically geared where the military is.

Currently we continue to educate our population, both the active duty and the beneficiaries. We do primary prevention, which is wash your hands, cover your mouth when you're coughing and, again, stay home when you're sick. Try not to go to work when you're sick.

Secondarily that, we also have been pushing the immunization command. So all our active duty have mandatory immunizations for both seasonal and the H1N1. We also highly encourage it for our beneficiaries.

There's a lot of Public Affairs, as we try to do press briefings like this. We have an Operation Prepare site that allows our families to log in and get information.

And last but not least, we just try to keep people informed.

I know you're all aware of all the talk about the shortages. We will be able to immunize our active duty for this, and with the beneficiary population, HHS is covering, through CDC and the states, the H1N1 vaccine. DOD itself ordered 2.7 million doses from one manufacturer, Novartis. They've assured us that that will be delivered. And this vaccine should cover all the active duty.

We can't speak for the civilians, because that's coming through HHS, but we do know that the Navy has begun to receive vaccine for the operational forces, and then we prioritize after that.

At this point, we just continue to offer preventive advice. We continue to immunize and try to educate all of those in our population.

I hope -- that's just a quick summary, and then we will look forward to taking your questions.

LT. CRAGG: Thank you, sir.

Let's go ahead and go with the first blogger in the line. That was Chuck. Please go ahead, Chuck.

Q Okay. Can you hear me?

CMDR. SHIAU: Yes.

Q All right. This is Chuck Simmins from America's North Shore Journal. Thank you for taking the time to speak with us -- (electronic tone).

Could you talk a little bit about where the Navy is currently experiencing higher levels of flu-like illness? And also, could you address the co-circulation issue with adenovirus?

DR. MORROW: Yeah. This is Dr. Morrow. I'm with the Preventive Medicine Division of Clinical Care and Public Health Directorate here at BMed.

Our beneficiaries are experiencing the same outbreaks as everybody else in the communities in which they live. And if you go to the CDC website, they give the updated distribution, and now almost all states are widespread. It certainly is in the National Capital Region. However, within the widespread region, it may not be uniform through all the communities.

So because our beneficiaries live out in the rest of the population, the best information for what the Navy is experiencing from beneficiaries is on the CDC website, because that truly represents our experience as well.

Now, our active duty forces have had occasional small outbreaks. There have been some in some of the training schools and the accessions. A few of the units -- There is currently no operational effect of the H1N1. There's no major outbreaks. We've had in the Navy no deaths from H1N1, and within the DOD in general, the severity has been mild to moderate. So that's as -- the current situation for the distribution.

I'd also like to say that this is very different from past years. This is part of -- one reason why we consider this to be a novel virus. Usually, flu would only start in October and November, and usually peaks around February, and may peak as late as April. However, H1N1 took off in April and within a few weeks was in every country of the world, and it's maintained.

Now, you mentioned, I think, the second question was the seasonal flu and the H1N1.

Q I asked about the adenovirus.

DR. MORROW: Oh, the adenovirus.

Q (Inaudible.)

DR. MORROW: We are -- we monitor the adenovirus through a regular sampling of accession sites, of sentinel clinics, and of the fleet. And we have had no increase in -- no significant increase in adenovirus in these areas, to any -- to near-epidemic proportions.

So it is what we normally would expect. I don't have those figures in front of me right now. We can, of course, get them through that Febrile Respiratory Illness surveillance site.

And actually, it was the FRI program that actually detected the novel H1N1 in San Diego back in April.

So I'm not aware of any problem -- (inaudible) -- adenovirus at the moment.

Q Thank you.

LT. CRAGG: Thank you, Chuck. And I wanted to find out who else had joined us. I think it was probably Beth.

Who else joined us on the call?

Q Paula from Navy -- (inaudible).

LT. CRAGG: Paula -- great, Paula. I thought it might have been Beth. I heard someone sneezing; I didn't know if it was Beth. So I apologize. Paula, you're going to be number four. You're going to be right after Dale. I'll call on you after Dale.

So with that, let's go on to Bruce. Please go ahead.

Q Yes, good morning. Bruce Moody here, with the Fleet and Family Support Program.

Can you talk about how H1N1 cases in the Navy are reported? How the data on people diagnosed with H1N1 is collected?

CMDR. SHIAU: Sure. This is Commander Shiau.

So each H1N1 case is -- again, it's going to be different because not all Navy personnel go to Navy facilities. So, some go to private clinics and some go to hospitals. But the process is the same.

All of us who are in practice as clinicians, as physicians and are practitioners, if you have -- the state will tell you what diseases need to be reported.

And what we have done is the Office of Health Affairs had said to follow CDC recommendations. So right now, if you have hospitalizations or deaths, they need to be reported to your state, and then CDC rolls them up.

Within the Navy, we're also doing the same policy, MTFs, and specifically a new regulation was put out: On November 1st we'll, within 48 hours, report all hospitalizations and deaths related to H1N1.

Now, you have to understand there may be a lag with that, because somebody may be admitted initially with something that you just have respiratory symptoms. But as you're seeing, in whatever hospital,

they may have to wait for the lab results to confirm H1N1. So the initial admission may be respiratory symptoms.

But that's all rolled up and that's what CDC reports weekly in their telcons, which is hospitalizations and deaths.

We have stopped case counting. Back in April, I think everyone was looking at --we had the first three cases here in the States. But as we follow CDC -- because, again, we live in the community -- the recommendation is no longer to individual testing, only in severe cases, specifically hospitalized and obviously in the severe and -- cases of death.

Q It does. Thank you very much.

LT. CRAGG: Thanks, Bruce.

Let's go to Dale. Please go ahead. Q Good morning, Doctors. Thank you very much.

I have a clarification on the number -- you said you had 2.7 million vaccines, and that was just for active duty?

DR. MORROW: Yeah. Back in April, when the H1N1 vaccines -- the H1N1 cases were first reported, the assistant secretary of Defense for health affairs decided to purchase, for mission assurance, their own supply. So they contracted with Novartis for 2.7 million doses.

Now, at that time, we didn't know if that was going to be 2.7 million people or half that amount, because they didn't know if it was one or two. Well, it turns out you only need one shot.

So that's 2.7 million people who are actually been purchased and committed by contract from Novartis to DOD.

Now, a little bit later, the same group, ASD Health Affairs for all DOD -- because Navy is part of a coordinated response with all the other services, and we communicate very closely with the Army, the Air Force and the Coast Guard. And, of course, Navy takes care of and represents the Marine Corps, from the medical care.

Health and Human Services donated to the DOD another 1 million dose of the Sanofi Pasteur vaccine. So that's a total 3.7 million individuals for DOD, active duty, Reservists, civilians and essential contractors. The beneficiaries are registered with their local MTFs through the state system.

So the 2.7 million doses is for mission assurance personnel within the DOD.

There's another --

Q Okay, how would I tell military family members to get their shots? Do they go to the DOD medical facility, or do they have to go downtown?

CMDR. SHIAU: They go -- they are encouraged to go wherever they can, because they are eligible in both places. So people need to remember that they're not restricted. As citizens, they are entitled in both places.

They go to their military treatment facilities to receive their shots. The shots that they receive will be from the state supply of the vaccine that the MTF has received for that purpose.

As far as they're concerned, it will be an H1N1 shot. But they are also encouraged to go to any other place, and everywhere -- let us remind, this is a free vaccine. Nobody should be charging for this vaccine. (Chuckles.) It's a free vaccine, both on the civilian side and the MTF. So they can go either to the MTF, where they would get an H1N1 from the state supply, or they could go to a school, a health clinic, a - - wherever it's being distributed. And they have to keep up with the local supply, because it varies where they're holding the clinics and how they're giving it out from community to community.

Q Okay, thank you very much. That clarifies it a lot.

CMDR. SHIAU: Great.

LT. CRAGG: Thanks, Dale.

Paula, let's go ahead to you. Go ahead, please.

Q I think most of my questions were answered, but I just had one person just bring up here, I did say that you said you had 3.7 million vaccines on there. But does the military come before the families? And what about the overseas people, do they have to get it, or is it a choice?

CMDR. SHIAU: It's actually two different populations. So remember, HHS bought millions. And I don't know the exact figure. I want to say it's like 120-plus million doses for the population, with the goal that they were even purchasing more as it comes on line.

We have to treat our families as part of the state they live in. And so we're not driving this; HHS is in the lead on this.

And so they decided that all of our families are lumped in with the national population. So they are going to be given vaccine based on how each state allocates it -- the priority of pregnant women, children, things like that -- CDC guidelines.

As you've seen in the press, it's starting to trickle through and they're getting more and more. But state clinics, health clinics, schools, that's where our families will be taken care of.

The military is a different pot altogether. The purpose of that vaccine pot is to ensure the viability of our military forces, and that's where the prioritization is different.

The initial vaccine is going out to deployed forces -- for example, in Iraq, Afghanistan -- and then ships and trainees, et cetera. Your health care workers. There's different prioritizations.

And regarding your question with the OCONUS beneficiaries. That's a different pot. So, as Dr. Morrow mentioned, in that extra million beyond the 2.7 million, that's where it was covered. So -- they are getting directly sent overseas, they will get it through the MTF, and that's already being allotted for, and they should receive it at their local MTF.

Do you have anything else to add with that, Dr. Morrow? (No audible response.)

Does that answer that question?

Q It does, but what about is it a choice? Are there some people who are saying they don't want it, or is all military -- like the people who are deployed now, do they have to get it?

CMDR. SHIAU: For the military, it is a mandatory vaccine, from Health Affairs guidance.

Q Okay. Thank you very much.

LT. CRAGG: Thanks, Paula.

Let's -- we have some time to go around the horn one more time, so let's start with Chuck again.

Chuck, please go ahead.

Q All right. Can you hear me?

PARTICIPANTS: Yes.

Q Okay. I'm having mute-button trouble here. Okay.

Just to clarify what you just told Paula, the million doses from Sanofi are intended for dependents who are treated at military facilities?

CMDR. SHIAU: No, that's not quite --

DR. MORROW (?): (Inaudible) -- overseas.

CMDR. SHIAU: That's partially true.

That pot is for all DOD civilians and OCONUS, overseas beneficiaries.

Q Okay.

CMDR. SHIAU: Because it's so complicated overseas. We just have no idea, country-to-country. They are vaccinating everywhere in the world, but we just don't know what their distribution -- So in order to make sure that our beneficiaries were covered, that -- the DOD is going to administer those vaccines which they receive for those OCONUS beneficiaries.

Q Okay.

CMDR. SHIAU: And that also will include all DOD civilians. So everybody who works with or around or for the DOD will be able to get their vaccination from this second pot.

Q Okay. Now, my question goes to the Naval Academy. The Air Force Academy had a fairly prominent outbreak this summer. Can you talk about what the Naval Academy may have done and how they have avoided a similar outbreak?

CMDR. SHIAU: They had -- what we can tell you is that the Navy -- Naval Academy actually had a very good preparation program.

At one point they did have an increase -- increased cases, and they were able to isolate those individuals, just like we encourage for anyone -- you know, stay at home. But because they're all together in the big dorm, they moved them separately.

Since then, they're back to normal in terms of the seasonal flu. Their levels are not at outbreak level. But they were able to actually tampen down and not have a -- overall outbreak for the entire Academy.

I know about the Air Force Academy, where they had a lot of the initial recruits come in. And that was difficult, because they had just come in.

But for the Naval Academy, they had a great program and it still continues. So they have preparations, so if it does increase as the season continues, they have plans for taking those individuals aside, sequestering them together, just as they recover and then returning them out with the population. So they've not had any major difficulty at all.

Q And where do they fit into the program for vaccinations?

DR. MORROW: They are a high priority. They come after the deployed combat troops. Then come the accessions and schools and fleet; then come the health-care workers and subsequent -- everybody else.

So it's a high priority, and this is Dr. Morrow -- I was over at the Academy yesterday for a meeting and observed everything to be entirely normal.

There was no evidence that there was anything out of the ordinary going on in terms of access or preparations or anything. Everything was entirely normal. Q All right. Thank you.

LT. CRAGG: Thank you, Chuck.

Let's go to Bruce.

Bruce, you're next.

Q Yes, thank you.

Can you go over the procedures that you're advising for people who want to go in, should they suspect that they've got the H1N1? I understand that people are not advised to just walk into an emergency room, that they're supposed to call or --

Can you go over that, please?

CMDR. SHIAU: Right. Okay, and that's going to be different, based on the facility. Because it depends how your facility is structured.

I know, for example, at some clinics you have to walk through a hallway that may have -- like, the ER's not in a corner, so if you have to walk through pediatrics or near OB, you obviously don't want to expose those people.

So the best thing to do is if you do feel the symptoms of H1N1, find out from the normal MTF or medical facility you go to what the procedure is. They may say -- they may have satellite clinics.

I know one of our MTFs down in Florida has sort of an external triage center where they see all the people with respiratory symptoms first, and then they -- at that point they can give you a mask so then you can go into the normal ER.

But every ER's going to slightly different. We are not going to give you -- able to give you a one-shot deal. It's just everywhere has a different way, because what we --

The bottom line is you do not want to spread it into the ER, because you might have people with -- some people are immunosuppressed. They might be on cancer treatment, so they are -- they don't want them around respiratory stuff, and those people are always in the ER -- or, again, have pregnant females, small kids who aren't affected at the time.

So we'd like to minimize spread. So whether it be masking, whether it's coming through a different line, or whether you just do telephone triage with a nurse, every institution has preparations. It's just different, based on their situations.

Q All right. Thank you very much.

LT. CRAGG: Thank you, Bruce.

Let's go to Dale.

Q Doctors, do they have a toll-free line or a hotline or -- to identify this for the families to call into? I know each MTF would be different, but it'd be nice to be able to put out the word on the blogs and things like that how to follow up on that kind of question.

CMDR. SHIAU: The short answer to that is no, there is no 1-800 line. We can ask and find out if there's a preparation or a plan for that. But right now, there is no individual one line.

Again, I would think that, MTF-wise, we would defer to that level. But that's something we'll need to follow up on.

Q (Off mike) -- receiving the same amount of delay as the HSS (sic) is in the communities right now, that everybody's waiting for the H1N1?

DR. MORROW: We are all getting the supplies from the same manufacturers. And those manufacturers are the same ones that make seasonal flu. So the production is going the same for HHS and for the DOD supply, yes.

And that is because this is very difficult to grow, and they have to grow a certain amount before they can start manufacturing. This a tough little virus to grow. It's pretty nasty when it gets in the eggs. So they haven't been able to grow it quite as fast as they had hoped.

And everybody's supplies are linked to each other, since we're all getting from the same manufacturers.

Q Okay. Thank you very much.

And Dr. Morrow, are you active duty, or are you a civilian doctor?

DR. MORROW: I'm a civilian. I'm a contractor who works with Battelle and preventive medicine specialists, and have been working around Navy medicine for, oh, 12 or 15 years.

Q (Off mike) -- so when I put it in the blog, I get it the right way. Thank you.

LT. CRAGG: Thank you, Dale. Let's go to Paula next. Paula, please go ahead.

Q I actually just have two questions. Somebody was writing on here that there was an outbreak in the Great Lakes at boot camp. I have not found anything or any evidence on anywhere stating this is true.

Can you confirm or deny that?

CMDR. SHIAU: We can't, because we have not seen anything either. So any answer would be a guess. We just don't have any visibility on that either.

DR. MORROW: I do receive regular reports in my office from Great Lakes, who's monitoring it frequently. And they have not reported any unusual activity.

But we know that H1N1 is widespread in the community, so one would expect some cases all the time.

Q And what about the new DPRS that are going in, who are just joining? Will they get the shots before they go, or are they going to wait till completion?

CMDR. SHIAU: Can you clarify that? What do you mean by --

Q The Navy people who -- the individuals, the recruits who are not actually recruits yet. They are waiting to go in, say, in January or February, but they get their shots, they're getting everything done, like, the week before they leave. The people who are on hold now, who just joined.

CMDR. SHIAU: Right. And so in that case, again, we don't even have, again, the supply arrival. But once it gets to accession sites, we would immunize them once they got to the Great Lakes site, because that's when they enter the military.

Before that, they're not really in the military -- you understand, the military medical treatment --

DR. MORROW: (Inaudible) -- system.

CMDR. SHIAU: System, yes.

DR. MORROW: We certainly would encourage everybody to get it as soon as possible. However, these tend to be teenagers and they're not the first in line to get their shots.

So H1N1 shots will be given to all accessions, and that's a high priority once they come in.

So we will be giving them routinely to all recruits when they get in, along with whatever other immunizations they need to bring them up to full protection. Q Okay, so just to clarify though, if there is not enough to go around, the active duty people who are in the ships and the deployed will get it first, and they will get it as it comes in?

DR. MORROW: We -- yeah. We do expect to have a full amount from the people.

In the event of a shortage, we will go by our priorities, which is combat, accession and fleet, and health-care workers, yes.

Q Thank you.

DR. MORROW: Well, we do -- we expect that the manufacturer has continuously said -- and I've been in touch with people who've been in touch in them; I know somebody who knows somebody -- that they are experiencing slower-than-expected production, but they don't expect that they're going to have reduced production.

Q Okay, great. Thank you.

LT. CRAGG: Thank you, Paula.

With that, we're getting close to the end of the Roundtable, and I wanted to -- just to make sure, any other people have any other follow-on questions? Are we all set?

Q I'm good.

LT. CRAGG: You good, Chuck? Dale and Bruce?

Q Good.

Q I'm good.

Q I'm good. Thank you very much. This is Dale.

LT. CRAGG: Great. Thank you, Dale.

With that, what I'd like to do is turn it over to Commander Shiao and also Dr. Morrow, if either gentleman would like to end with any closing thoughts.

CMDR. SHIAU: This is Commander Shiao here.

The only other thing is thank you for letting us be able to answer your questions. And we want to emphasize that, again, the best protection is to immunize, so --

We know there's a slight delay. It's temporary, and as the H1N1 comes in, we're encouraging all our beneficiaries to get it. We will get all of our active duty immunized as they receive the vaccinations. And we'll just continue to give our beneficiaries any information we have, and everything will be on Operation Prepare and news releases as we hear it and see it.

DR. MORROW: We also encourage everybody to ask questions, because this is the first time that we've had two different kinds of influenza going around at the same time, and two different kinds of influenza shots going around at the same time. And it's very confusing, even to those who do this day in and day out.

So when you have questions, ask and clarify.

LT. CRAGG: Thank you, gentlemen.

So with that, I just want to remind everybody you've been listening to U.S. Navy Commander Danny Shiau, division chief, Force Health Protection, Bureau of Navy Medicine and Surgery, as well as subject matter expert Dr. Robert Morrow.

Thank you, gentlemen, for both being on the Roundtable today and discussing this very important topic with the bloggers and online journalists.

Just a note to everyone on the line, there will be transcript from this call as well a story, and the audio file can be found on either the Pentagon Channel podcasts, or also on DoDLive.

With that, thank you gentlemen again, and thanks to the bloggers. And this ends today's Roundtable.

CMDR. SHIAU (?): We thank you.

Q Thank you.

DR. MORROW (?): Thank you very much.

Q Thanks.

END.