

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH COLONEL JONATHAN JAFFIN,  
DIRECTOR, HEALTH POLICY AND SERVICES, OFFICE OF THE SURGEON GENERAL, VIA  
TELECONFERENCE SUBJECT: H1N1 CASES AMONG SOLDIERS IN THE U.S. ARMY TIME: 3:00  
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PETTY OFFICER WILLIAM SELBY (Office of the Secretary of Defense for  
Public Affairs): Hello. I'd like to welcome you all to the Department of  
Defense Army Bloggers Roundtable for Thursday, June 18th, 2009. My name is  
Petty Officer William Selby with the Office of Secretary of Defense Public  
Affairs. I will be moderating our call today.

A note to our bloggers on the line today: Please remember to clearly  
state your name and blogger organization in advance of your question. Please  
remember to keep your phone on mute if you're not asking a question.

Today our guest is U.S. Army Colonel Jonathan Jaffin, director, Health  
Policy and Services, Office of the Surgeon General, who will discuss how the  
Army is addressing cases of the H1N1 virus among its soldiers and how to prevent  
it.

And, sir, if you're ready with your opening statement, you can go ahead  
with that now.

COL. JAFFIN: Sure.

Good afternoon, everybody. Thanks for taking the time to let us talk  
today.

First of all, there's been significant news coverage, as all of you  
know, about the H1N1 flu outbreak. Today I'd like to take some time to explain  
to you some of the reasons the Army is taking this seriously and to illustrate  
why we feel there's no cause for panic or alarm.

The Department of Defense, the Army Medical Command and all segments of  
the U.S. government are working together, along with our international partners,  
to lessen the impact of the H1N1 influenza. As of 12 June, 2009, the Center for  
Health Promotion and Preventive Medicine -- that's the U.S. Army Center -- is  
reporting a total of 191 confirmed cases of H1N1 influenza for active-duty  
soldiers.

Now, what is H1N1? Novel H1N1 -- it's also sometimes called swine flu,  
especially at the early part of the onset of this -- is a new influenza virus  
causing illness in people. The first reports of infection came out -- due to

this virus came out of Mexico in April, and shortly thereafter in the United States.

H1N1 flu has the ability to spread from person to person and has resulted in a number of cases, not only in the U.S. and Mexico, but throughout the world. Is this something new? Well, influenza is a disease that has long infected people. Every few decades, a new variety of influenza emerges and becomes the predominant strain around the world. Many of you have heard of the 1918 influenza pandemic, but there have been other flu pandemics. The most recent one was in 1968. New flu pandemics occur when the virus develops different chemicals, the H and the N in the name, on its outside that mean that most people in the world do not have immunity to it.

How does the virus spread? Most people catch the flu virus -- the H1N1 flu virus the same way they catch the regular flu, by coming in contact with droplets from an infected person. This can happen by being in the path of the droplets after a person sneezes or coughs or by touching something that has the droplets on it and then touching your own mouth, nose or eyes.

The symptoms of H1N1 flu are the same as any influenza infection. They include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people also may have vomiting and diarrhea. As with the regular flu, people with chronic medical conditions are at risk for more severe illness. And in the most serious cases, some people unfortunately have died. Rest assured, should you become sick with H1N1 flu, the vast majority of people get better with no medication other than some symptomatic relief. For serious infections, or in people who are at risk for serious complications, there are antiviral drugs available to treat influenza. These medications are called Tamiflu and Relenza, and those are the brand names for them. The generic names are longer and more complex.

The important thing to remember is that these medications are only used in a very small percentage of patients with influenza. The best treatment, however, is prevention.

Here are some steps you and your family can take to reduce your risk of catching the H1N1 flu: Avoid people with the flu. Wash your hands often with soap and water or an alcohol-based hands cleaner. Wash your hands before eating or touching your face after touching surfaces that someone may have coughed or sneezed on, after going out into the community, and after caring for someone who has the flu or touching something that someone who is sick may have touched.

If you are sick, there are a number of things you can do to reduce the chances of passing influenza to others. If you're sick, stay home from work or school. Limit your contact with others. Cough and sneeze into disposable tissues, throw these tissues away into a plastic bag, and limit exposure to the dirty tissues.

Those with flu should use separate eating utensils that are washed in hot, soapy water after each meal. Don't share objects like remote controls or pens. Disinfect surfaces that are frequently touched, like doorknobs, remote controls, light switches and toilet handles. An effective household disinfectant can be made using one-quarter cup of household bleach and a gallon of cold water.

If you think you have H1N1 flu, contact your health care provider. He or she will be able to determine if you need testing or treatment. If you

experience any of the following warning signs, seek emergency medical treatment right away: For children, fast breathing or having difficulty breathing, bluish skin color, not drinking enough fluids or urinating often enough, not waking up or being able to interact with others, being so irritable that they don't want to be held, any flu symptoms that improve but then return with a worse cough or fever, and fever with a rash; for adults, difficulty breathing or shortness of breath, pain or pressure in the chest or abdomen, sudden dizziness, confusion, severe or persistent vomiting, and flu symptoms that improve but then return with a worse cough and fever.

For more information, check your local installation hotline or go to the DOD flu website at [www.dod.mil/pandemic](http://www.dod.mil/pandemic) flu or [www.cdc.gov/swine](http://www.cdc.gov/swine) flu.

Now, that completes my statement. I'll be glad to answer any questions you might have.

PETTY OFFICER SELBY: Thank you very much, sir.

And, Chris, you were first on the line.

Q Yeah, I was just -- sorry. Christopher Alben (sp), War and Health, on the U.S. Naval Institute blog.

I was wondering if there are any instances of H1N1 affecting Army operations.

COL. JAFFIN: Unfortunately, I'm not allowed to comment -- I'm not supposed to say "unfortunately." I'm not allowed to comment. (Laughs.) Because of security reasons, we can't really talk about operational issues, so that's something I can't discuss in further detail.

Q Okay, that's fine.

PETTY OFFICER SELBY: Chris, did you want to follow up with anything else since -- or do you --

Q I have a whole list of questions.

PETTY OFFICER SELBY: Go ahead with your second question, and we'll go ahead on Melissa after that.

COL. JAFFIN: I just got told -- I'm allowed to say that no, operations have not been compromised by this. We don't have any operations that have been compromised.

Q Excellent. Thanks.

COL. JAFFIN: But for specifics about operations and things like that, because of security reasons, we can't say anything.

Q Yeah, that's fine.

COL. JAFFIN: But so far nothing's been compromised at all.

PETTY OFFICER SELBY: Okay. And Graffin (sp)? Is that -- Q Yes.

I was wondering --

PETTY OFFICER SELBY: Can you -- I'm sorry. Can you state your name and --

Q Grafkin Orny (sp).

PETTY OFFICER SELBY: Thank you.

Q I was just wondering, you know, if any -- if it's been a problem, you know, with the big bases in the United States here. I mean, you said it was 191 cases, and if that had really affected anybody, and then, you know, if there were any steps that an infected soldier needed to take, which you kind of mentioned previously, but if you could just expound on that a little bit.

COL. JAFFIN: It's been distributed throughout the Army, so it really hasn't had any major effect on any specific bases. And the things we're having soldiers do, we want to make sure that they stay home and avoid, you know, contact with others if they're infected.

Soldiers, as just their very nature, tend to come in and work even when they aren't feeling really well. And so we're reminding them that if they do have flu symptoms, to stay home so that they actually don't help by coming in, because I know they have that strong sense of duty that sometimes interferes with their ability, you know, to stay home when they're not feeling well. But that's one of the main things that we emphasize with them.

And then we want to make sure that they are doing okay. We usually don't treat them unless they want some symptomatic relief, you know, for congestion or for fever or aches and pains, and then it's usually simple over-the-counter type medicine; so really nothing specifically different in soldiers, just emphasizing with them to not come into work if you're sick.

Q Okay. And can I ask a follow-up question?

PETTY OFFICER SELBY: Actually, do you mind -- I think we -- is it a short follow-up question or a whole 'nother question? If it's a whole 'nother question, we'll come back around to it. I want to make sure everybody has a chance to get questions out.

Q We can just come back around then.

PETTY OFFICER SELBY: Roger that.

And Chuck.

Q Good afternoon, Colonel. Chuck Simmons from America's North Shore Journal. I just wanted to let you know that the Office of the Secretary of Defense has slightly more current numbers than what you're reporting -- 202 active-duty personnel with H1N1. And the outbreaks do seem to be fairly serious. Fort Bliss is reporting 91 cases. West Point has 11 cases. I know Fort Riley had nearly a couple of dozen cases. Fort Drum and Fort Hood are the newest reporters for cases, and Fort Drum is at the center of quite a little hot spot in upstate New York with swine flu cases. I just thought I'd throw that out there.

COL. JAFFIN: Yeah, we do our official update every Friday, and so I was giving you last Friday's numbers, because that's when we publish our official numbers.

Q Okay. Well, I'm looking at the secretary's site for numbers as of the 16th of June. So there are some more current numbers out there.

COL. JAFFIN: Well, thanks.

Q And I don't know about the Army, but the USS Dubuque had to cancel a mission due to an outbreak aboard ship, and it never left San Diego.

COL. JAFFIN: Ships are a very enclosed environment, and so the Navy sometimes has to do things differently than the Army. But the Army hasn't had any mission impact.

Q I see.

COL. JAFFIN: We've been fortunate.

PETTY OFFICER SELBY: And back to Chris.

Q Yeah, I guess I'll restate my name. Christopher Alben (sp), War and Health on the U.S. Naval Institute blog.

What is the Army doing to look for sort of the next swine flu, the next H1N1, the next disease to come up? Because the H1N1 hit really fast, and sort of a lot of people were scrambling, you know, what to do, find out what to do. What's the sort of procedure in place for, you know, disease surveillance for the future?

COL. JAFFIN: Actually, the Department of Defense is part of the entire World Health Organization and emerging illness network. We have the Global Emerging Infection Surveillance program, or the GEIS, as part of that. It's a DOD program where we're -- and this really started back several years ago when the first reports of bird flu or avian flu came out, and infections like the SARS infection started -- those reports started coming out.

And so, because of that, we have a series of laboratories that have been very aggressively looking for emerging diseases. And, in fact, this one we probably picked up compared with previous influenza outbreaks of 1968, 1959 and ones like that, it was probably a lot sooner that we picked up that we had a new virus strain out there, I think because it still comes on fairly suddenly. But, we picked it up much, much sooner than we have in previous outbreaks because of: one, the surveillance network; two, immunology has improved a great deal and we have a much better understanding of the immunology of influenza virus. So, I think all of those are working together. But, the GEIS, or G-E-I-S, is a DOD system specifically to look for new and emerging disease threats. And we work very closely with the World Health Organization, the Department of Health and Human Services, and the CDC -- all to communicate among ourselves to try and protect the whole population.

Q Thank you.

PETTY OFFICER SELBY: All right, back to Graffin (sp)?

Q Yes, how are you helping the soldiers that are abroad, since more countries have, you know, become in contact with flu?

COL. JAFFIN: One of the things that we're doing is we're screening all soldiers before they go overseas to ensure that they don't have a fever or signs or symptoms of influenza, so that we're trying to make sure that we don't send people out who have the virus. That's not 100 percent, obviously, because somebody can be contagious or be infected and not have come down with symptoms yet.

And second, we tell people -- whether they're in the States or outside of the States, to practice the same good hygiene measures that I talked about in my opening statement, because those are good forms of self protection.

PETTY OFFICER SELBY: Thank you, sir.

And, Chuck?

Q Yes, Colonel, Chuck Simmins again.

I'm glad to hear that you're surveilling soldiers being deployed. Is there any similar program in place for soldiers returning?

COL. JAFFIN: Yes and no. From certain theaters, we are checking soldiers from --

Q Would that be from Kuwait, perhaps? COL. JAFFIN: I can't talk about any specific areas --

Q Okay.

COL. JAFFIN: -- because of operational reasons.

Q Okay. Can you tell how many soldiers have been hospitalized due to H1N1?

COL. JAFFIN: I don't have that number. I apologize. I'll have --

Q Thank you.

COL. JAFFIN: -- our people look that up and we can get back to you with it.

Q All right. Thank you.

PETTY OFFICER SELBY: All right, and back to Chris (sp).

Q Yeah, Chris (sp) again. I was just wondering -- (let me see if I can find my question here ?) -- when a soldier does test positive, what are the, sort of, next steps that take place, as in reporting or, you know, information that gets given to soldiers, that kind of thing?

COL. JAFFIN: Well, the first thing we do is we follow all local laws and regulations regarding reporting of H1N1 flu. So, we report it when we get a confirmed case. We report it up both through military channels, and also let the local authorities know so that we fulfill our requirements, under state and local laws as well as federal law, to report it.

What we tell the soldier is that they've been infected with this virus. Because the confirmatory tests take a couple days to come back, most of the time the soldiers are well on the road to recovery. We instruct them to -- when we have somebody actually -- let me just, I'll digress a tiny bit, and forgive me if I'm telling you stuff you already know, but the first thing we'll do if somebody comes in sick is do a rapid test and try and figure out if they have Type A flu, or Type B flu, or some other virus altogether.

The H1N1 flu is only Type A flu. So, if somebody has Type A flu, we go ahead and tell them the precautions to take to stop, and to help prevent, the spread of H1N1 flu. So, just in case they do come back as confirmed as having H1N1 flu, while they're sick, we've told them how not to spread it.

After they get better, then there's really nothing in particular -- we will tell them that they had H1N1 flu. If they're better, they're no longer contagious. They're no longer at risk of spreading it. We do tell them to make sure that if somebody that they had contact with comes down with it, that they make sure to tell their doctor that they did have contact with somebody who had H1N1 flu. But, other than that, there really are not a lot of specific things that that soldier needs to do.

PETTY OFFICER SELBY: Thank you, sir.

And Graffin (sp)?

Q I don't have any more questions. Thanks.

PETTY OFFICER SELBY: You're welcome.

And, Chuck? We probably have time for maybe one or two more questions.

Q Yeah, can you hear me?

COL. JAFFIN: Yep.

Q Okay. Is the Army taking any specific steps with regard to recruit training? The Marines have a small outbreak, but, you know, the recruits would be a vulnerable population.

COL. JAFFIN: Exactly. Any time we have a large number of individuals in close contact, especially when we've brought in a large number of individuals from all around the country, as we do at recruit centers, they're at increased risk of a variety of viral infections. And so we always maintain extra surveillance at the recruit centers to make sure that the soldiers aren't getting sick.

And when we do have outbreaks, we try to move very rapidly to get our epidemiologists and our preventive medicine teams on-board to do the due diligence, to stop the spread of the outbreak, to isolate the cases -- because recruits live in barracks where they may or may not be easily separated from their fellow soldiers. So, we may bring them into a clinical environment, as needed, based on their symptoms, based on their condition, things like that, but to help prevent the spread.

So, recruit areas are a particular concern for any virus, not just influenza, but adenovirus, Norwalk virus. There are a variety of viruses that

are much more common among recruits, and outbreaks are more common among recruits than in the rest of the population.

The other thing that we're doing for prevention is the military is actively following the vaccine production, both for the regular flu vaccine and for the H1N1 vaccine, and we will be vaccinating as soon as those are available just as part of our usual flu prevention.

Q And just a quick follow-up, what happens to the recruits' place in class if he has an illness?

COL. JAFFIN: It depends how many days he misses -- (electronic tones interrupt) -- Are you still there? TAPED MESSAGE: This conference is scheduled to be disconnected automatically in five minutes.

To extend --

PETTY OFFICER SELBY: Yeah, we -- I'm sorry --

TAPED MESSAGE: -- the time, please signal for an operator by pressing \*, 0.

COL. JAFFIN: Okay, real quick --

PETTY OFFICER SELBY: Sorry, sir.

COL. JAFFIN: -- since we just got that warning. It depends on the course, the number of days that a recruit can miss before they have to recycle. And so it depends -- I would be remiss if I were just to say something definite, but it's a case-by-case basis, depending on how many days are missed and what particular training is missed. And it's course-dependent as well.

Q All right. Thank you.

PETTY OFFICER SELBY: Thank you to the bloggers. Thank you for your questions and comments.

And, sir, if you have any closing comments, you can go ahead with those now.

COL. JAFFIN: Well, one of the things that I want to say, first of all, thank you all for participating in this.

One of the important things is to get the message out about H1N1 flu and the whole preventive medicine efforts that we're making. The Army is taking this very seriously, and we are doing everything we can to not only take care of people who have it, but to look for vaccines and the vaccination program to help prevent it.

Thank you all.

Q Thanks.

Q Thanks.

PETTY OFFICER SELBY: Thank you very much, sir. COL. JAFFIN: And I have Mr. Simmins' question and I'll follow up with Lindy if we're able to provide a response to that for him.

Q Thank you.

PETTY OFFICER SELBY: I appreciate it, sir.

COL. JAFFIN: You're welcome.

PETTY OFFICER SELBY: And, thank you all. We've had some great questions and comments today. And this now concludes our call. Feel free to disconnect at this time.

END.