

Talisman Saber 2005 Influenza Outbreak

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Talisman Sabre 2005

- US Pacific Command sponsored exercise designed to train the US Seventh Fleet commander's staff and Australian joint exercise staff as a designated joint task (JTF) headquarters
- Key exercise to train Australian and US combined forces in mid to high-intensity combat operations
- Biennial
- Exercise period: 10 – 30 June 2005

INDONESIA

PAPUA NEW GUINEA

26 JUNE 05

Darwin

Townsville

SHOAL WATER BAY TRAINING AREA

Tropic of Capricorn

Spring

QUEENSLAND

PACIFIC OCEAN

WESTERN AUSTRALIA

AUSTRALIA

Brisbane

SOUTH AUSTRALIA

AUSTRALIA

Darling

NEW SOUTH WALES

Perth

Great Australian Bight

WALES

Newcastle

Adelaide

Sydney

Canberra

Ballarat

Melbourne

Tasman Sea

INDIAN OCEAN

110°

115°

120°

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145°

150°

155°

10°

15°

20°

25°

30°

35°

Force Composition

- US Forces: 10,000 personnel
 - 8 vessels
 - USS Kitty Hawk
 - USS Blue Ridge
 - USS Boxer
 - P-3 squadron
 - US Marine Corps element
 - 2,500 marines scaled back due to Tsunami relief and Iraq
 - US Army element
 - US Air Force element
- AUS Forces: 5,000 personnel
 - 18 vessels
 - 6 Amphibs
 - AP-3 squadron
 - AU Army elements
 - AU Air Force elements

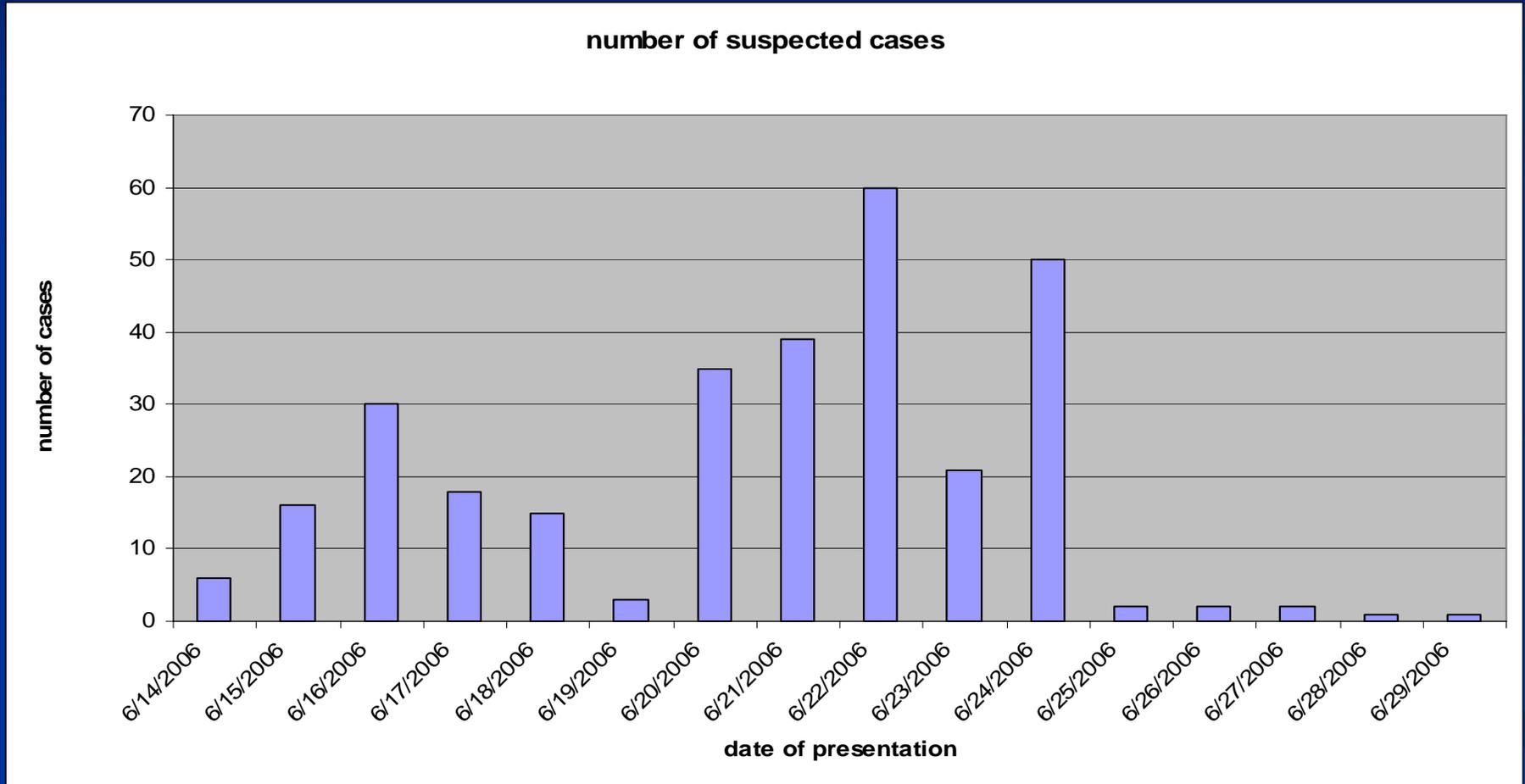
Influenza Experience

- Influenza outbreaks in past 3 years during military exercises at SWBTA
- Prior number of confirmed cases less than 50
- High level of suspicion that influenza would again present during this exercise

Influenza Planning

- Influenza planning meeting in early May to prepare for Talisman Saber 2005
 - Lavarack Barracks Medical Centre
 - Tropical Health Unit and Townsville Medical Centre
- Case definition set for influenza-like illness
 - Fever, cough or sore throat
- Recommendations for management of an influenza outbreak
 - Testing, outbreak control teams, immunization, isolation, hygiene

Suspected Cases

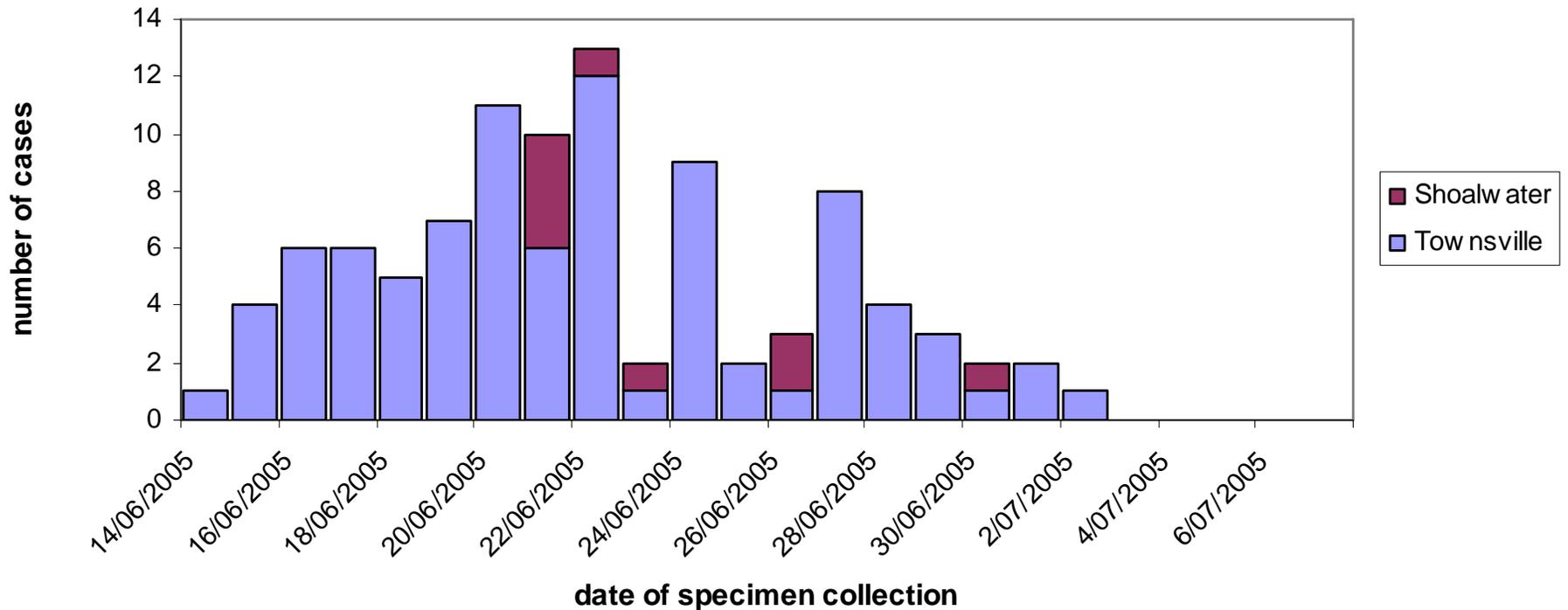


Courtesy of Dr. Anna Morgan, Tropical Public Health Unit, Townsville, Queensland, AU.

382 suspected cases as of 2 July, 2005

Influenza Epi Curve

number of lab confirmed cases



Courtesy of Dr. Anna Morgan, Tropical Public Health Unit, Townsville, Queensland, AU.

99 lab confirmed cases as of 11 July, 2005

Summary of Cases

- 442 nasopharyngeal aspirates (NPA) collected
 - Tested by immunofluorescence (IF) or enzyme immunoassay (EIA)
- 116 NPA confirmed positive for influenza A
 - AU Forces (110)
 - US Forces (6)
- Subtypes identified
 - A/Wellington/1/2004 H3N2 (70 cases AU, 4 US)
 - A/California/7/2004 H3N2 (29 cases AU, 2 US)
- 2 cases influenza B (AU cases)
 - B/Shanghai/361/2002
 - B/Hong Kong/330/2001
- Influenza A overall attack rates
 - Exercise rate: 0.8%
 - AU rate: 2.2%
 - US rate: 0.1%

Considerations

- Reduced US ground forces
- US Forces concentrated on vessels
- Reduced mixing with local populations
- US military with mandatory influenza immunization policy
- Immunization cross-reactivity
- AU Forces without a mandatory influenza immunization policy
- AU Forces at 'home', greater mixing with local populations

Editorial Comments

- Public health pre-planning for military exercises
- Preventive Medicine Officers need to be present during planning sessions and at these military exercises
- Medical command and control
- Immunization policies (both US and foreign)
- Laboratory impact
- Appropriate distribution of anti-virals
- Quarantine, isolation, cohorts, restrictions
- Civil-to-Military planning

- Preventive Medicine Officer positions created and filled for 7th and 6th Fleet medical staff

Acknowledgements

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- Dr. Anna Morgan

Public Health Medical Officer, Tropical Public Health Unit, Townsville, Queensland, AU

- Ms. Phillipa Smith

Scientific Officer, Lavarack Barracks Medical Centre

ADF/C7F Flu Recommendations

■ ADF

- Flu Immunization
- Testing of Symptomatic Persons
- Conservative ‘Flu’ Management
- Viral Therapy for Clinically Positive Persons

■ U.S. Forces

- Conservative ‘Flu’ Management
- Testing of Symptomatic Persons as Required
- **DO NOT USE ANTI-VIRAL THERAPY**