

**UNCLASSIFIED//**

**Subject:** ALARACT 047/2009 - STREPTOCOCCAL PNEUMONIAE MENINGITIS AT FORT LEONARD WOOD  
**Originator:** ALARACT RELEASE AUTHORITY(UC)  
**DTG:** 241105Z Feb 09 **Precedence:** PRIORITY **DAC:** General  
**To:** AL ALARACT(UC)

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THIS MESSAGE HAS BEEN SENT BY THE PENTAGON TELECOMMUNICATIONS CENTER ON BEHALF OF THE DA WASHINGTON DC//DASG/SURGEON GENERAL//

SUBJECT: (U) STREPTOCOCCAL PNEUMONIAE MENINGITIS AT FORT LEONARD WOOD

REF/A/CDC WEBSITE ([HTTP://WWW.CDC.GOV/NCIDOD/AIP/RESEARCH/SPN.HTML](http://www.cdc.gov/ncidod/aip/research/spn.html))//  
REF/B/ARMY RESPIRATORY DISEASE (ARD) SURVEILLANCE PROGRAM MEMORANDUM:  
[HTTP://AFHSC.ARMY.MIL/DOCUMENTS.ASP#ARMY//](http://afhsc.army.mil/documents.asp#army/)  
REF/C/USACHPPM TECH GUIDE-314: NON-VACCINE RECOMMENDATIONS TO PREVENT ACUTE INFECTIOUS RESPIRATORY DISEASE AMONG U.S. ARMY PERSONNEL LIVING IN CLOSE QUARTERS (SEE [HTTP://USACHPPM.APGEA.ARMY.MIL/DOCUMENTS/TG/TG314.PDF](http://usachppm.apgea.army.mil/documents/tg/tg314.pdf))//

1. (U) DESCRIPTION OF SITUATION AT FORT LEONARD WOOD, MISSOURI (FLW):  
1.A. (U) SINCE 9 FEB 09 THERE HAVE BEEN TWO FATAL CASES OF MENINGITIS DUE TO STREPTOCOCCUS PNEUMONIAE AT FLW. BOTH OF THESE SOLDIERS WERE IN ADVANCED INDIVIDUAL TRAINING (AIT) AND ASSIGNED TO THE SAME COMPANY (ALPHA COMPANY). THE FIRST SOLDIER SOUGHT CARE FOR COUGH, RUNNY NOSE, AND EAR PAIN AND WAS LATER BROUGHT IN WITH ALTERED MENTAL STATUS. THE SECOND SOLDIER INITIALLY SOUGHT CARE FOR NASAL DISCHARGE, CHILLS, NIGHT SWEATS, AND PAIN WHEN TAKING A DEEP BREATH AND RETURNED MORE THAN A MONTH LATER WITH A FEVER, VOMITING, AND CHILLS. HE ALSO DEVELOPED ALTERED MENTAL STATUS. IF NECESSARY, MORE SPECIFIC DETAILS ON CLINICAL COURSE AND TREATMENT WILL BE PROVIDED IN FUTURE CORRESPONDENCE.

1.B. (U) THE DEATHS OF THESE TWO SOLDIERS PROMPTED THE LEADERSHIP AT FLW TO REQUEST ASSISTANCE FROM THE U.S. ARMY CENTER FOR HEALTH PROMOTION (USACHPPM) AND THE CENTERS FOR DISEASE CONTROL (CDC).

1.C. (U) WHILE MENINGITIS DUE TO STREPTOCOCCUS PNEUMONIAE IS NOT UNCOMMON, IT IS USUALLY NOT CONSIDERED TO BE HIGHLY CONTAGIOUS AND SECONDARY CASES AND CLUSTERS ARE RARE.

2. (U) KEY INFORMATION ABOUT STREPTOCOCCUS PNEUMONIAE (PNEUMOCOCCUS):  
2.A. (U) ACCORDING TO THE CDC WEBSITE ([HTTP://WWW.CDC.GOV/NCIDOD/AIP/RESEARCH/SPN.HTML](http://www.cdc.gov/ncidod/aip/research/spn.html)), S. PNEUMONIAE IS A BACTERIUM COMMONLY FOUND IN THE NASOPHARYNX (BACK OF THE NOSE) OF HEALTHY PEOPLE. THE PRESENCE OF PNEUMOCOCCUS IN THE NASOPHARYNX IS REFERRED TO AS "CARRIAGE" AND MOST PEOPLE HAVE BEEN CARRIERS OF S. PNEUMONIAE AT SOME POINT IN THEIR LIVES WITHOUT BECOMING SICK. S. PNEUMONIAE IS SPREAD FROM PERSON-TO-PERSON BY RESPIRATORY DROPLETS, MEANING THAT TRANSMISSION GENERALLY OCCURS DURING COUGHING OR SNEEZING TO OTHERS WITHIN 6 FEET OF THE CARRIER. THUS, CARRIERS, WHILE GENERALLY HEALTHY, ARE AN IMPORTANT SOURCE OF INFECTION FOR OTHERS.

2.B. (U) OCCASIONALLY, S. PNEUMONIAE WILL SPREAD FROM THE NASOPHARYNX OF A COLONIZED PERSON INTO OTHER PARTS OF THE BODY AND CAUSE DISEASES, INCLUDING EAR AND SINUS INFECTIONS, AND PNEUMONIA. IN ADDITION, S. PNEUMONIAE CAN SOMETIMES BECOME INVASIVE BY ENTERING THE BLOOD STREAM (BACTEREMIA) OR THE LINING OF THE BRAIN AND SPINAL CORD (MENINGITIS). THESE INVASIVE INFECTIONS CAN RESULT IN SERIOUS COMPLICATIONS OR DEATH. WORLDWIDE, S. PNEUMONIAE IS THE MOST COMMON CAUSE OF BACTERIAL MENINGITIS, COMMUNITY-ACQUIRED PNEUMONIA, BACTEREMIA, AND OTITIS MEDIA.

3. (U) DESCRIPTION OF MEASURES IN PROGRESS: MEMBERS FROM CHPPM AND CDC ARE CURRENTLY AT FLW CONDUCTING AN INVESTIGATION AND IMPLEMENTING PUBLIC HEALTH INTERVENTIONS. BOTH SOLDIERS WHO DIED OF PNEUMOCOCCAL MENINGITIS WERE FOUND TO HAVE THE SAME SEROTYPE OF THE BACTERIA (SEROTYPE 7F). THE INFECTED SOLDIERS WERE QUARTERED ON THE SAME FLOOR OF THE BARRACKS BUT WERE IN DIFFERENT ROOMS. BASED ON CDC RECOMMENDATIONS, ALL INDIVIDUALS IN ALPHA COMPANY HAD NASAL SWABS FOR CULTURE AND ALL RECEIVED AN INJECTION OF ANTIBIOTICS (BICILLIN(R)) AND THE 23-VALENT PNEUMOCOCCAL VACCINE, WHICH INCLUDES THE 7F CAPSULAR TYPE. HOTEL COMPANY, A SISTER AIT TRAINING UNIT, WAS FOUND TO HAVE ELEVATED RATES OF RESPIRATORY DISEASE SO THEY WERE ALSO CULTURED AND TREATED WITH BICILLIN(R) AND THE PNEUMOCOCCAL VACCINE. CHPPM AND THE CDC DO NOT BELIEVE THERE IS ANY RISK TO THE LOCAL COMMUNITY.

4. (U) RECOMMENDATIONS FOR OTHER BCT/AIT SITES:

4.A. (U) THIS IS BELIEVED TO BE AN ISOLATED INCIDENT AT FORT LEONARD WOOD AND NO SPECIFIC INTERVENTIONS ARE REQUIRED AT OTHER BCT/AIT LOCATIONS AT THIS TIME. HOWEVER, IET SITES SHOULD CLOSELY FOLLOW THE GUIDANCE IN THE ARMY RESPIRATORY DISEASE (ARD) SURVEILLANCE PROGRAM MEMORANDUM WHICH CAN BE FOUND AT THE FOLLOWING WEBSITE: [HTTP://AFHSC.ARMY.MIL/DOCUMENTS.ASP#ARMY](http://AFHSC.ARMY.MIL/DOCUMENTS.ASP#ARMY). SPECIFICALLY, ENHANCE SURVEILLANCE FOR ARDS AND EMPHASIZE HYGIENE MEASURES (REINFORCE HAND WASHING AND THE USE OF HAND SANITIZERS, ENSURE SLEEPING SPACE/POSITIONING REQUIREMENTS ARE FOLLOWED, AND TAKE OTHER APPROPRIATE MEASURES TO REDUCE TROOPS' PERSONAL CONTACT WITH POTENTIALLY INFECTIOUS SECRETIONS). PER ARD GUIDELINES, TRAINEES WHO HAVE AN ORAL TEMPERATURE OF GREATER THAN OR EQUAL TO 100.5 F AND RECENT ONSET OF AT LEAST ONE SIGN OR SYMPTOM OF ACUTE RESPIRATORY TRACT INFLAMMATION (E.G., SORE THROAT, COUGH, RUNNY NOSE, CHEST PAIN, SHORTNESS OF BREATH, HEADACHE, TONSILLAR EXUDATES, OR TENDER LYMPHADENOPATHY) SHOULD SEEK EVALUATION FROM THE TROOP MEDICAL CLINIC OR EMERGENCY DEPARTMENT.

4.B. (U) UNIT LEADERS SHOULD ALSO FOLLOW THE PREVENTIVE MEASURES OUTLINED IN USACHPPM TECH GUIDE-314: NON-VACCINE RECOMMENDATIONS TO PREVENT ACUTE INFECTIOUS RESPIRATORY DISEASE AMONG U.S. ARMY PERSONNEL LIVING IN CLOSE QUARTERS ([HTTP://USACHPPM.APGEA.ARMY.MIL/DOCUMENTS/TG/TG314.PDF](http://USACHPPM.APGEA.ARMY.MIL/DOCUMENTS/TG/TG314.PDF)).

4.C. (U) ALL HEALTH CARE PROVIDERS AND IET LEADERS SHOULD BE INFORMED OF THE INFORMATION IN THIS MESSAGE.

5. (U) POC: COL PAUL R. CORDTS, DIRECTOR HEALTH POLICY AND SERVICES, OFFICE OF THE SURGEON GENERAL, COM: 703-681-0104, E-MAIL: [PAUL.CORDTS@AMEDD.ARMY.MIL](mailto:PAUL.CORDTS@AMEDD.ARMY.MIL).

6. (U) EXPIRATION DATE CANNOT BE DETERMINED.