



Federal Health Matters

Pandemic Flu Plan Delineates Federal Response

In the event of a pandemic flu, VA and DoD personnel will be called upon to collaborate with other federal agencies in developing medical and veterinary surge capacity, implementing a public health emergency communications plan, ensuring proper configuration of medical stockpiles, and establishing related distribution plans, according to the government's 227-page *National Strategy for Pandemic Influenza Implementation Plan*, issued in May. The plan, which supplements a pandemic strategy released late last year, tasks the Department of Homeland Security with "overall coordination of federal response" and the HHS with "overall public health and medical emergency response." The government will rely upon the World Health Organization to coordinate the international response and to "confirm sustained human-to-human transmission."

At the heart of the plan are two immunization goals: stockpiling enough vaccine to inoculate 20 million people and, within six months of a pandemic declaration, expanding domestic vaccine manufacturing capacity to accommodate the U.S. population. Other objectives include establishing and maintaining sufficient antiviral drugs to treat 75 million people and stockpiling six million treatment courses for domestic containment efforts.

The plan assumes a clinical disease attack rate of 30%, with illness rates being as high as 40% among school-aged children and about 20% among adults. The government recommends, however, that federal institutions and the private sector plan for up to 40%

absenteeism for periods of roughly two weeks at the height of a pandemic.

DoD's First Laparoscopic Surgery in Afghanistan

For the first time, a minimally invasive surgery was performed on a U.S. service member in Afghanistan, setting the precedent for the use of advanced surgical techniques in remote areas of deployment. The gallbladder surgery—performed by Major Ross D. Segan, MD on April 28 at the 14th Combat Support Hospital at Bagram Air Force Base, Bagram, Afghanistan—was broadcast live to over 1,700 surgeons at a meeting of the Society of American Gastrointestinal and Endoscopic Surgeons in Dallas, TX. Adrian Park, MD, the head of general surgery at the University of Maryland Medical Center (UMMC) in Baltimore, moderated the live session at the meeting and spoke with Dr. Segan during the operation. The surgery was made possible by the joint efforts of the U.S. Army, the UMMC, and several health care technology firms that donated supplies.

Dr. Park described the surgery as a "significant milestone" in bringing laparoscopic techniques to troops serving overseas. Because most combat hospitals lack the specialized equipment and training required for these procedures, service members in Afghanistan who need general surgery historically have been transferred to more sophisticated overseas military installations or, in emergent cases, have had to undergo open procedures. The availability of laparoscopic surgery so close to the front lines would prevent many costly medical evacuations and reduce recovery time, allowing soldiers to return to full duty more rapidly.

VA Researchers Investigate Rise in Thyroid Cancer

Over the past 30 years, the incidence of thyroid cancer has more than doubled. But, according to a study by researchers from the White River Junction VA Medical Center, White River Junction, VT, this increase is explained by better detection of subclinical disease—not a true rise in thyroid cancer occurrence.

In the study, which was published in the May 10 issue of the *Journal of the American Medical Association*, the researchers examined trends in thyroid cancer incidence, histology, size distribution, and death. They retrospectively analyzed data on a cohort of patients with thyroid cancer between 1973 and 2002 from the National Cancer Institute's Surveillance, Epidemiology, and End Results program as well as thyroid cancer mortality data from the National Vital Statistics System.

They found that the 2.4-fold increase in thyroid cancer cases occurring over the study period was accompanied by a 2.9-fold rise in the incidence of papillary thyroid cancer but no significant change in other subtypes. Furthermore, between 1988 and 2002 (when data on tumor size were available), cancers measuring 1 cm or smaller made up 49% of the increase in thyroid cancer and cancers measuring 2 cm or smaller made up 87%. The death rate from thyroid cancer remained stable over the study period.

Sophisticated diagnostic techniques explain the increased detection of subclinical thyroid cancer, say the authors. Because many of the small cancers would never cause problems during life and would be recognized only after autopsy, the increase could be considered an "overdiagnosis." ●