



The CBCSF Newsletter

Issue 6, July 2004

A Publication of Community Blood Centers of South Florida, Inc.

Call for directions Donor Centers

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Cooper City
(954) 680-9410

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5062

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(954) 782-2972

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(954) 747-3921

Recent Threats to the Public Health – One Year Later

Earlier newsletters dealt with the emergent risks to the public health posed by smallpox, SARS, West Nile Virus and malaria as well the potential of these illnesses to affect the nation's blood supply. This edition updates those newsletters and sheds new light on the dangers they pose.

All previous newsletters are available on the blood center's website at www.cbcsf.org.

February 2003 – Smallpox Vaccination and the Threat to the Blood Supply.

The fear that smallpox would be used by terrorists against the United States prompted the federal government to organize a nationwide voluntary vaccination program in early 2002. Healthcare and emergency

response workers were to be vaccinated first.

The entire population of the country would then be offered vaccinations.

Frozen stocks of vaccines produced decades earlier were going to be used as no vaccines made with modern technology were available.

The program never progressed beyond a few hundred vaccinations because of the high rate of severe reactions in those who received the older style vaccines. Most healthcare workers simply declined to be vaccinated. The general public was never offered smallpox vaccinations.

Iraq was to be the most likely source of smallpox as it was known to have an extensive biological warfare capability. The rumor thankfully proved to be untrue or perhaps no longer true when in the spring of 2003 United States forces at the end of the Second Gulf War found no evidence of Iraqi smallpox production facilities. No cases of smallpox have occurred anywhere in the world since the last case in Somalia in 1977.

More sophisticated smallpox vaccines with much lower rates of severe reactions are currently in production. Stockpiles of these vaccines will be maintained in many locations around the world should they ever be needed. Additional information can be obtained at <http://www.hhs.gov/smallpox/index.html>.

Community Blood Centers of South Florida
a non-profit organization
Serving Donors & Patients in Monroe,
Miami-Dade, Broward & Palm Beach Counties
(800) 357-4483 • Email: webmaster@cbcsf.org
<http://www.cbcsf.org>

May 2003: Severe Acute Respiratory Syndrome:

The variant coronavirus causing SARS appeared in China in the winter of 2003 and spread rapidly throughout the Chinese countryside. The government of China initially denied the

existence of the epidemic. When the virus spread to many additional sites including Toronto, Canada, the World Health Organization became involved and coordinated a worldwide public health effort which for the first time in history contained the spread of a respiratory virus. The draconian control measures instituted in China and elsewhere included strict quarantine, travel restrictions and more careful monitoring of potentially affected populations.

The virus is now routinely found in several animal species including rodents common in Southeast Asia and the possibility remains that SARS could reappear this winter. Surveillance by the Chinese government as well as the World Health Organization is much more intense than it was 18 months ago making another epidemic far less likely. Sporadic cases of SARS continue to be reported by Chinese health officials. And unhappily a few cases of SARS have occurred in researchers working in

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laboratories developing vaccines or performing research on the virus due to poor laboratory technique. Additional information can be obtained at www.cdc.gov/ncidod/sars.

July 2003: West Nile Virus and the Nation's Blood Supply:

West Nile Virus first appeared in Queens, New York in 1999. An imported infected pet bird is the most likely way the virus entered New York City. The virus was spread by mosquitoes to essentially the entire susceptible bird population of the eastern United States. Large-scale die-offs of blackbirds and crows occurred in many parts of the eastern United States. By late winter of 2003 the virus had spread throughout the western hemisphere. Several hundred people developed significant neurologic complications due to infection by the virus, though most of those infected remained entirely asymptomatic. Most significantly several immunologically compromised transplant recipients died of encephalitis after receiving organs from a donor who later proved to be infected by WNV.

A test for WNV was developed quickly and was implemented by the spring of 2003 and hundreds of infected blood donations from otherwise healthy blood donors have been intercepted prior to the affected units being transfused. The donors of these units have uniformly remained in good health. This blood center has had one WNV infectious donor so far in 2004 out of more than 100,000 donations tested.

Sporadic cases of WNV continue to be reported nationwide, but no widespread epidemic of WNV has occurred in the human population to date. It appears that the surviving bird population is now largely immune to the virus as well, effectively breaking up the life cycle of the virus and making it unlikely that WNV will be an important public health issue in the future.

WNV spread is dependent on mosquitoes first biting an infected bird and then biting a human making testing problematical during the winter time when there are no mosquitoes and the low levels of virus in infected donors makes the pooling of samples to be tested questionable. There are not even today sufficient reagents and equipment available to test each blood donation individually. But since reported WNV cases are becoming rare there does not appear to be a need for this test to continue to be performed on all blood donors for much longer. Further information on WNV can be found at www.cdc.gov/ncidod/dvbid/westnile/index.htm or at <http://westnilemaps.usgs.gov/>.

October 2003: Malaria in South Florida:

The diagnosis of 8 cases of vivax malaria in Lake Worth, Florida in August 2003, caused headlines nationwide. All those diagnosed were treated and cured of their disease. The affected neighborhood was sprayed and by October there were no more cases reported.

The malaria must have come from an infected individual who was bitten by anopheles mosquitoes which then bit other humans. The identity of this person or persons remains a mystery but it could have been anyone from a migrant worker to a local resident who visited a nation in which vivax malaria is endemic.

This same set of circumstances could occur again at any time in almost any part of Florida. All that is needed for a similar outbreak is for an infected human to be bitten by an anopheles mosquito that then bites another human. More information is available at www.cdc.gov/malaria.

Remember!

Be sure we have your email address so you receive notification that your cholesterol results are available at www.cbcsf.org.

Blood donors who join our email list will also receive four or five newsletters annually, so be sure to give the registrar your email address when you visit us to give blood. Users should also add webmaster@cbcsf.org to their list of safe contacts.