

July 2019

Issue 2

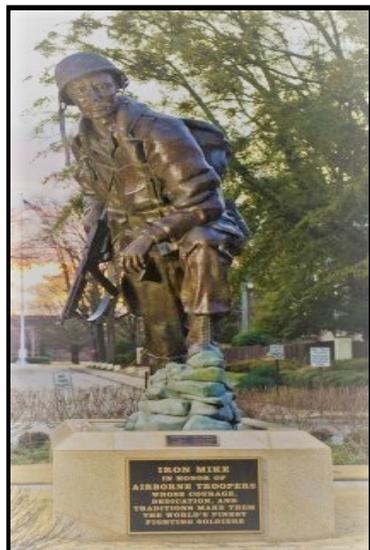


Photo Credit: SSG Caleb Barrieau

An Ounce of Prevention



FORT BRAGG
DEPARTMENT
OF
PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

Message from Public Health Director

COL Sheryl A. Bedno

Welcome to the Department of Public Health July Newsletter! Every newsletter we will highlight one section within the department. This quarter we are introducing the Occupational Health Clinic. With the official kick-off of Summer Season last month on 21 June, more people are getting outside and enjoying the warm weather. We want you to keep in mind safety tips on Tick Awareness and Water Safety.

For more information, please contact Public Health or visit our website below:

Public Health 24/7 Hotline: 910-916-3544

DPH Website:

<https://www.wamc.amedd.army.mil/HealthcareServices/SitePages/Public%20Health.aspx>

Feature: Occupational Health Clinic

Author: Ms. Carol Lightcap

The Occupational Health Clinic (OHC) located on the corner of Randolph and Hamilton Streets is responsible for monitoring individuals who are exposed to hazards which require medical surveillance. OHC is best known for performing pre-placement physicals for civilian employees and in-processing hospital staff at Womack Army Medical Center (WAMC). OHC monitors vaccine compliance and provides annual influenza vaccination to all federal civilians employed on Fort Bragg to include Red Cross Volunteers and Soldiers assigned to WAMC. Worksite surveys are conducted in conjunction with Industrial Hygiene Services. OHC looks for compliance with OSHA and Occupational Health Safety practices and any hazard exposures that can be reduced or eliminated with proper practices and Personal Protective Equipment. Certain jobs automatically require annual surveillance exams because of a known hazard. These include Firefighters, Security Guards and Civilian Police Officers. Occupational Health Clinic staff also conducts follow-up surveillance on personnel who have had a blood exposure normally from a needle-stick. If you feel you have been exposed to a hazardous material, contact Industrial Hygiene Services for an investigative visit. If you are having symptoms, see your provider in the meantime. Industrial Hygiene will determine if there is presence of a hazardous material and if the exposure exceeds allowable limits. They will send their report to OHC if the employee needs medical surveillance. Employees who have appointments for Surveillance Exams can make their appointments go smoother by having their paperwork filled out in advance and making sure they have all labs and/or x-rays completed 5-7 days before their appointment.

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Staying Active: Army Combat Fitness Test

Author: Mr. Aaron Fink

The Army Combat Fitness Test is a huge step forward for the Army in its ability to assess all aspects of human performance. Moving away from the APFT and its endurance bias, the new ACFT measures strength, power, and various endurance capabilities of the soldier; the new events include the Three Repetition Maximum Deadlift, Standing Power Throw, Hand-Release Push-ups, Sprint-Drag-Carry, Leg Tuck, and the 2 Mile Run. Understanding what these events are physiologically displaying can better guide you in your training as a tactical athlete. The deadlift event

is a measurement of absolute strength. Absolute strength is the maximum force that you can voluntarily produce. The standing power throw is also a measurement of force that focuses on an increase in velocity; power production. The weight of the ball being thrown does not change, but the *speed* at which you can throw can change. Hand-Release push-ups, sprint-drag-carry, and the leg tuck are all components that measure muscular endurance and anaerobic conditioning. The two mile run is still a great way to measure aerobic capacity for the soldier and thus you will

still see it in the new ACFT. Improving aerobic capacity is dependent on several factors; the cardiovascular component that focuses on the transportation of oxygen and the specific working tissue that uptakes the transported oxygen.

The Army Wellness center can help you in your exercise prescription as well as integrate with units and leaders to develop and teach sound strength and conditioning principles to progress all aspects of human performance.



Health=Wealth: Tick Awareness

Author: LTC Eric Kelly

According to researchers, the record setting precipitation combined with mild temperatures this past winter could potentially cause an explosion in the tick population this year. Ticks are known for spreading a host of diseases like ehrlichiosis, tularemia, Rocky Mountain spotted fever and Lyme disease. The most commonly encountered ticks in the North Carolina area are the black-legged (deer) tick, the Lone star tick, and the American dog tick. The blacklegged (deer) tick is commonly encountered in the mountainous western region of the state and a vector for Lyme disease. The Lone star tick is commonly encountered in the Sandhills central region and a vector for Lyme disease. Also, the Lone star tick is known to cause alpha-gal syndrome, a condition where an individual develops an allergy to a sugar found in red meat and in some medications. The American dog tick is commonly encountered in the central and coastal regions and a vector for Rocky Mountain spotted fever. The highest activity levels for ticks are from spring to mid-summer.



BLACKLEGGED (DEER)

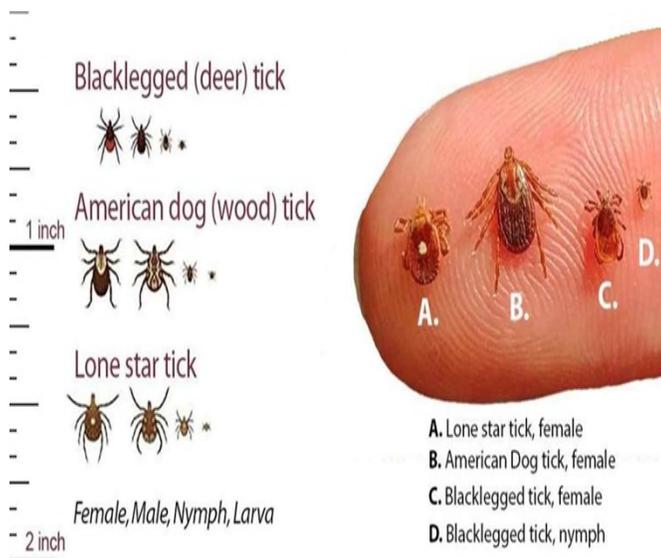


LONE STAR



AMERICAN DOG

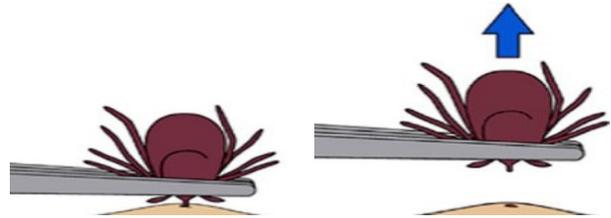
Generally, ticks have four stages in their life cycle: egg, larva, nymph, and adult. The nymph and adult ticks are most likely to bite and transmit disease to humans. Larva will bite humans but rarely transmit disease. Ticks require a blood meal to molt into the next stage in their life cycle. They will attach to a host and feed for several hours to several days until they are engorged with blood at which time they will then drop off and molt or lay eggs. It is during the feeding process that a tick can transmit diseases; therefore, it is important to remove ticks from the body as soon as possible. The longer a tick is attached, the more likely they are to transmit a disease. Not all ticks are infected, so a tick bite will not always mean an individual will contract a disease.



- A. Lone star tick, female
- B. American Dog tick, female
- C. Blacklegged tick, female
- D. Blacklegged tick, nymph

Removing Ticks 101:

One can remove a tick by using tweezers with firm pressure. Use tweezers to grasp the tick as close to the skin's surface as possible. Pull upward with steady, even pressure. Don't twist or jerk the tick. After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol.



TIPS FOR AVOIDING TICK BITES:

Know where to expect ticks. Ticks live in grassy, brushy, or wooded areas, or even on animals. Spending time outside walking your dog, camping, gardening, or hunting could bring you in close contact with ticks. Many people get ticks in their own yard or neighborhood.

Treat clothing and gear with products containing 0.5% permethrin. Permethrin can be used to treat boots, clothing and camping gear and remain protective through several washings. Alternatively, one can purchase permethrin-treated clothing and gear.

Use insect repellents containing DEET, picaridin, IR3535, Oil of Lemon Eucalyptus (OLE), para-menthane-diol (PMD), or 2-undecanone. In general, repellents that contain 98% DEET will last about 10 hours, while those with 7% DEET will last about 2 hours.

Check your clothing for ticks. Ticks may be carried into the house on clothing. Any ticks that are found should be removed. Tumble dry clothes in a dryer on high heat for 10 minutes to kill ticks on dry clothing after you come indoors. If the clothes are damp, additional time may be needed. Hot water is recommended for clothes requiring to be washed first. Cold and medium temperature water will not kill ticks.

Examine gear and pets. Ticks can ride into the home on outer garments, gear, and pets. Then potentially attach to an individual later, so carefully examine pets, coats, and daypacks.

Shower soon after being outdoors. Showering within two hours of coming indoors has been shown to reduce an individual's risk of contracting Lyme disease and may be effective in reducing the risk of other tickborne diseases. Showering may help wash off unattached ticks as well as a good opportunity to conduct a full-body tick check.

Check your body for ticks after being outdoors. Conduct a full-body tick check using a hand-held or full-length mirror to view all parts of your body, including under the arms, in and around the ears, inside the belly button, behind the knees, between the legs, around the waist and especially in the hair.

References:

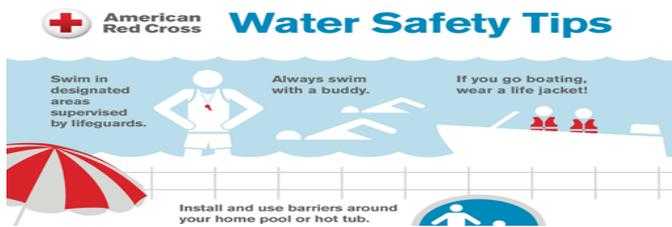
https://www.cdc.gov/ticks/pdfs/FS_TickBite.pdf

https://phc.amedd.army.mil/PHC%20Resource%20Library/TickControlAroundtheHome_FS_18-001-0818.pdf#search=18%2D001%2D0818



Stay Safe: Safe Water Practices Save Lives

Author: LTC Torie Plowden



As the temperature soars, participation in various recreational water activities also increases. Below are several water tips that will keep you and your loved ones safe this summer. Have fun, pay attention, and be safe!

Tip #1: Always swim in supervised areas.

Tip #2: Invest in swimming lessons for your children and yourself. Drowning incidents can be prevented and early swim lessons can decrease the incidence.

Tip #3: Swim within arm's reach of your non-swimming child.

Tip #4: Always use a layered approach when supervising children and non-swimmers at the pool. Do not solely rely on the certified lifeguards on duty.

Tip #5: Use US Coast Guard approved personal flotation devices (PFD). This ensures that the PFD is a wearable tool able to prevent submersion while swimming. Check the label!

Tip #6: Avoid using alcohol, recreational drugs and/or strong medications prior to swimming. While swimming, it is important that you remain alert at all times and in a state of mind that allows you to respond quickly if you lose your balance or if you need to remove yourself from the swimming area.

Tip #7: Become certified in CPR and First Aid. You never know when it might be your time to act quickly and respond to an injury, near-drowning, or drowning near a swimming pool.

Tip #8: Know Your Limits: Swimming in open water is much different than in a pool. Cold water, currents, and other dangerous conditions can challenge even the strongest swimmers. If you are unsure about your limits, you may want to start out slowly and not venture too far from shore.

Tip #9: Swim in water that is clear enough to see the bottom. When visiting your local swim pool, if you cannot see the pool drains and/or lap lane tiles on the pool bottom, do NOT swim in that pool. Poor water clarity is a sign of improper water balance (i.e. disinfection chemicals and other elements) that are designed to ensure a healthy swimming environment.

References:

<https://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/water-safety/swim-safety.html>

<https://www.redcross.org/take-a-class/teach-water-safety>

<https://www.nsc.org/home-safety/tools-resources/seasonal-safety/drowning>

EpiSode: Increased Syphilis Cases in 2018

Author: Ms. Maureen Sevilla



Primary Stage Chancre Sore



Secondary Stage Rash

There has been an increase in Syphilis cases in the United States over the past few years. Individuals and medical providers must be aware of this increase and know what signs and symptoms could occur.

Primary and Secondary Syphilis are often misdiagnosed during initial evaluation of primary and secondary symptoms in the primary care setting. Primary Syphilis presents with a painless sore called a chancre at point of entry within 10-90 days (usually within 3 weeks) after exposure. Usually occurs on genitalia, mouth or anal region and heals on own whether or not treatment received. Secondary Syphilis presents with rash on palms and soles of feet, body rash, headache, fever, and adenopathy that typically can occur 1-2 weeks after chancre begins to heal or after healed. Individual may state they had a sore that went away in previous weeks or they may not have noticed a chancre.

Latent Syphilis is defined as positive testing without signs or symptoms of disease and often occurs in the setting of screening for other Sexually Transmitted Infections (STIs). Tertiary Syphilis does not always occur with infected individuals, but when it does occur, it is very serious, affecting many different organ systems 10-30 years after the initial exposure and can cause death. Ocular Syphilis can occur at any stage of disease and involve most parts of the eye. Often manifests as uveitis but also as optic neuritis, retinitis and retinal detachment have been described. Treatment requires intravenous therapy rather than standard intramuscular injection.

Evaluation of Syphilis is completed with the Rapid Plasma Reagin (RPR) test as the initial screening blood test for the infection. If the test results are positive, the blood sample will automatically be sent to the North Carolina State laboratory for confirmatory testing. Treatment should be initiated if the individual has a chancre (pronounced "shanker"), has a known exposure to Syphilis, or if testing is positive. Medication of choice for treatment is Bicillin LA 2.4 million units for Primary, Secondary, and Early Latent (<1 year). Bicillin LA 2.4 million units weekly x 3 doses is prescribed for late latent or latent unknown (≥ 1 year).

ALWAYS refer suspected or confirmed cases of Syphilis to the Epidemiology & Disease Control (EDC) Clinic for investigation, contact interview, counseling and reporting.



Performance Management/Quality Improvement

Author: Dr. Danielle McCall

The Fort Bragg Department of Public Health is putting a renewed emphasis on evaluating the effectiveness, accessibility, and quality of our health services. The Public Health Performance Management & Quality Improvement (PM/QI) Committee is shining a light on how our department engages leadership and staff in monitoring the achievement of organizational goals and is fostering the use of a standard framework to resolve inefficiencies and improve processes across all the department's sections. Under this recently improved program, the PM/QI Committee is actively monitoring program and organizational performance standards to ensure that we deliver the best public health service possible. Performance standards are measured via customer feedback and monthly metric quantitative reports by section. If a goal is routinely not being met then the PM/QI Committee uses Quality Improvement to map out the problem and test solutions.



The performance management cycle (above) can help you walk through using performance management:

- **Results and Standards:** Where do we want to be? Strong community health improvement plans have clear goals and SMART objectives.
- **Measurement:** How will we know? Community health improvement plans require measurement to monitor progress.
- **Monitoring & Communicating Progress:** How well are we doing? Community health boards should monitor their plans, document progress, and communicate with stakeholders to monitor progress.
- **Quality Improvement:** How will we improve? Change course as needed, based on monitoring progress.

Examples of performance standards throughout the Fort Bragg Department of Public Health include:

- Increasing the follow-up rate for hearing tests after a significant threshold shift was identified within the Army hearing Program section.
- Promoting a tobacco free living environment at Fort Bragg through increase in class participation within the Army Public Health Nursing section.
- Increase physical fitness test follow-ups as well as metabolic assessment follow-ups within the Army Wellness Center section.
- Increase water quality assurance and water sampling plan compliance within the Environmental Health section
- Increase evaluated and counseled Gonorrhea and Chlamydia cases within the Epidemiology & Disease Control section.

The above performance standards are only a small snapshot of all the Fort Bragg Public Health improvement goals. Customer & staff feedback is highly encouraged to share in this important effort in order to continuously improve the public health services for the Fort Bragg and surrounding communities.

Upcoming Public Health Awareness:

- * World Hepatitis Day, July 28
- * National Immunization Awareness Month, August
- * National Food Safety Education Month, September
- * National HIV/AIDS Awareness and "Aging" Day, September 18
- * World Rabies Day, September 28
- * Family Health and Fitness Day, September 28
- * Sexual Health Awareness Month, September

Please take a moment and provide your feedback for the Fort Bragg DPH through our new customer survey at:

<https://www.surveymonkey.com/r/DPHFeedback>

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